90 DAY AREA REQUIREMENTS CHECKLIST

EVALUATION NUMBER: _____ **DATE:** _____ **EVALUATOR:** _____

FACILITY: _____

RESULT KEY

S = SATISFACTORY U = UNSATISFACTORY N/A = NOT APPLICABLE NE = NOT EVALUATED

Checklist Item Number	Reference Document (Include No., Sect/Para)	Verification Requirements	Result Key	Verification Conducted Describe documents reviewed, Personnel interviews and activities observed.
1	262.34 (a)	Does the generator ensure that waste is stored on-site less than 90 days? YES_____ NO_____		_____ _____ _____ _____
2	265.171	**265 Subpart I Use and Management of Containers** Describe condition of containers. Are they leaking? YES_____ NO_____		_____ _____ _____ _____ _____

90 DAY AREA REQUIREMENTS CHECKLIST (continued)

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Checklist Item Number	Reference Document (Include No., Sect/Para)	Verification Requirements	Result Key	Verification Conducted Describe documents reviewed, Personnel interviews and activities observed.
3	265.172	Are wastes compatible with the containers in which they are stored? YES_____ NO_____ Explain how this is verified and documented. _____ _____ _____ _____ _____ _____		_____ _____ _____ _____ _____ _____
4	265.173	Are containers kept closed except when wastes are added or removed? YES_____ NO_____		_____ _____ _____ _____ _____ _____

90 DAY AREA REQUIREMENTS CHECKLIST (continued)

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5	265.173	Are containers handled in a manner that will minimize damage to the container? YES_____ NO_____		_____ _____ _____ _____ _____ _____
6	265.174	Are containers inspected at least weekly looking for leaks and for deterioration? YES_____ NO_____ Is this information documented? YES_____ NO_____		_____ _____ _____ _____ _____ _____

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7	265.176	Are containers holding ignitable or reactive waste located at least 50 feet from the facility's property line? YES_____ NO_____		_____ _____ _____ _____ _____ _____
8	265.177 (a)	(a) Are incompatible wastes maintained separately? YES_____ NO_____ (b) Are precautions taken to assure that hazardous waste is not placed in an unwashed container that previously held incompatible material? YES_____ NO_____		_____ _____ _____ _____ _____ _____

90 DAY AREA REQUIREMENTS CHECKLIST (continued)

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	265.177 (a)	(c) Are wastes stored in a manner to prevent incompatible wastes from mixing in the event of a leak or spill? YES_____ NO_____		_____ _____ _____ _____ _____ _____
9	262.34(2)	Is the date that accumulation started clearly marked and visible for inspection on each container? YES_____ NO_____		_____ _____ _____ _____ _____ _____

90 DAY AREA REQUIREMENTS CHECKLIST (continued)

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10	262.34(3)	Is each container clearly labeled or marked with the words "Hazardous Waste"? YES_____ NO_____		_____ _____ _____ _____ _____ _____
11	262.34(4) 265.31	Is the facility operated in a manner that will minimize the possibility of a fire, explosion, or any unplanned sudden or non-sudden releases? YES_____ NO_____		_____ _____ _____ _____ _____ _____

90 DAY AREA REQUIREMENTS CHECKLIST (continued)

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Checklist Item Number	Reference Document (Include No., Sect/Para)	Verification Requirements	Result Key	Verification Conducted Describe documents reviewed, Personnel interviews and activities observed.
12	262.34(4) 265.32	(a) Does the facility maintain an internal communication system capable of providing emergency instructions? YES_____ NO_____		_____ _____ _____ _____ _____ _____
		(b) Does the facility have a device such as a telephone or radio capable of summoning local police and fire departments? YES_____ NO_____		_____ _____ _____ _____ _____

90 DAY AREA REQUIREMENTS CHECKLIST (continued)

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	262.34(4) 265.32	(c) Does the facility have portable fire extinguishers, spill control, and water at adequate volumes and pressure? YES_____ NO_____		_____ _____ _____ _____ _____ _____
13	262.34(4) 265.33	Is emergency equipment inspected on regular intervals to insure it is operational? YES_____ NO_____		_____ _____ _____ _____ _____ _____

90 DAY AREA REQUIREMENTS CHECKLIST (continued)

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14	262.34(4) 265.34	Is there immediate access to an internal alarm, phone, or other such devise? YES_____ NO_____		_____ _____ _____ _____ _____ _____
15	262.34(4) 265.35	Is adequate aisle space maintained to allow emergency equipment in and out? YES_____ NO_____		_____ _____ _____ _____ _____ _____

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Checklist Item Number	Reference Document (Include No., Sect/Para)	Verification Requirements	Result Key	Verification Conducted Describe documents reviewed, Personnel interviews and activities observed.
16	262.34(4) 265.37	Have arrangements been made with local authorities to respond to emergencies? YES_____ NO_____		_____ _____ _____ _____ _____ _____
17	262.34(4) 265.51	Does the facility have a contingency plan that describes the actions facility personnel must take to respond to fires, explosions, or any unplanned, sudden, or unsudden releases to the environment? YES_____ NO_____		_____ _____ _____ _____ _____ _____

90 DAY AREA REQUIREMENTS CHECKLIST (continued)

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18	262.34(4) 265.53	Is a copy of the contingency plan maintained at the facility and submitted to all emergency organizations? YES_____ NO_____		_____ _____ _____ _____ _____ _____
19	262.34(4) 265.55	Does the facility have a designated emergency coordinator? YES_____ NO_____		_____ _____ _____ _____ _____ _____

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20	262.34(4) 265.16(3)	Have personnel completed training that insures they are able to respond to emergencies, inspect facilities and equipment? YES_____ NO_____		_____ _____ _____ _____ _____ _____
21	262.34(4) 265.16(b)	Has this training occurred within 6 months of the employee's date of employment? YES_____ NO_____		_____ _____ _____ _____ _____

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22	262.34(4) 265.16(c)	Is an annual review of training done? YES_____ NO_____		_____ _____ _____ _____ _____ _____
23	262.34(4) 265.16(d)	Are the following documents maintained at the facility? 1) Job title for each position? YES_____ NO_____ 2) A written job description for each job title? YES_____ NO_____		_____ _____ _____ _____ _____ _____ _____

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	262.34(4) 265.16(d)	3) A written description of the type and amount of training that will be given to each person? YES_____ NO_____ 4) Records that document training? YES_____ NO_____		_____ _____ _____ _____ _____ _____ _____ _____ _____ _____