

DAILY INSPECTION CHECKLIST
TEMPORARY TREATMENT, TRANSFER, STORAGE AND RECYCLING FACILITY

Date: _____

	<u>Operational</u>	<u>Maintenance Required</u>
Access control-fences, gates and signs	<input type="checkbox"/>	<input type="checkbox"/>
Litter pickup	<input type="checkbox"/>	<input type="checkbox"/>
Sand/oil separator	<input type="checkbox"/>	<input type="checkbox"/>
Floor Drains	<input type="checkbox"/>	<input type="checkbox"/>
Check for hydraulic leaks	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust vents and fans	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers/hoses/reels	<input type="checkbox"/>	<input type="checkbox"/>
Leak Detection System	<input type="checkbox"/>	<input type="checkbox"/>
Tank Netting	<input type="checkbox"/>	<input type="checkbox"/>

Incident Report: _____

Action Taken: _____

Completed By: _____ Supervisor: _____