

# Waste Management Inspection Checklist

Facility Name / Location

Date of Inspection

Inspector Name

## INSTRUCTIONS:

This checklist is designed to assess waste management practices in your facility. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas for improvement. Use the "Notes/Observations" section to provide additional details, corrective actions, and any required follow-up.

## WASTE STORAGE AND HANDLING

Waste Containers: Check that waste is stored in proper and labeled containers.

Yes  No  NA

Compatibility: Verify that incompatible waste streams are separated and stored separately.

Yes  No  NA

Lids and Covers: Ensure that waste containers have lids or covers to prevent spills and odors.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## SEGREGATION AND RECYCLING

Recycling Program: Check if there is a recycling program in place for recyclable materials.

Yes  No  NA

Proper Segregation: Verify that waste is segregated according to recycling guidelines.

Yes  No  NA

Education: Ensure that employees are educated on waste segregation and recycling procedures.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## HAZARDOUS WASTE MANAGEMENT

Hazardous Waste Identification: Identify hazardous waste streams and their proper handling.

Yes  No  NA

Hazardous Waste Storage: Check if hazardous waste is stored securely and in compliance with regulations.

Yes  No  NA

Manifests and Records: Verify that proper manifests and records are maintained for hazardous waste disposal.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## WASTE TRANSPORTATION

- Transport Containers: Inspect waste transportation containers for proper labeling and containment.  Yes  No  NA
- Transportation Records: Ensure that waste transportation records are available and up to date.  Yes  No  NA
- Licensed Transporters: Verify that waste is transported by licensed and authorized carriers.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## WASTE DISPOSAL

- Authorized Disposal Facilities: Confirm that waste is disposed of at authorized and permitted facilities.  Yes  No  NA
- Disposal Records: Check if proper records are maintained for waste disposal activities.  Yes  No  NA
- Compliance with Regulations: Ensure that waste disposal follows all applicable environmental regulations.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## SPILL CONTAINMENT AND EMERGENCY PREPAREDNESS

- Spill Kits: Verify that spill kits are available and accessible in key areas.  Yes  No  NA
- Emergency Response: Check if employees are trained in proper spill response procedures.  Yes  No  NA
- Emergency Contacts: Ensure that emergency contact information is posted in the facility.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## WASTE REDUCTION AND MINIMIZATION

- Waste Reduction Practices: Identify waste reduction and minimization initiatives in place.  Yes  No  NA
- Reuse and Repurposing: Check if waste materials are being reused or repurposed where possible.  Yes  No  NA
- Waste Audits: Verify if waste audits are conducted periodically to identify areas for improvement.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## COMPLIANCE WITH WASTE MANAGEMENT PLAN

Waste Management Plan: Ensure that a comprehensive waste management plan is in place.

Yes  No  NA

Plan Implementation: Check if the waste management plan is being implemented as intended.

Yes  No  NA

Plan Updates: Verify that the waste management plan is periodically reviewed and updated.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## ADDITIONAL NOTES / OBSERVATIONS

[Insert any additional notes or Waste Management checklist observations made during the inspection]

## STATEMENT OF INSPECTION

I hereby certify that I have conducted the above Waste Management Inspection checklist and that waste management practices have been assessed. Any identified issues have been documented, and necessary corrective actions have been recommended.

Inspector's Name :

Signature :

Date :

## APPROVED BY

Name :

Signature :

Date :