



Satellite Accumulation Area (SAA) Weekly Survey				
Satellite Accumulation Area (SAA) Name and Contact:			Date:	
Bldg/Dept/Room:			Time:	
Type of Waste Stream(s):				
Questions	Yes	No	N/A	*Corrective Actions Required / Comment
Is the area free of debris and other materials, adequate housekeeping and aisle space?				
Is the area free of spills and/or leaks? (ground / floor clean and dry)?				
Is a "Satellite Accumulation Area" sign posted?				
Is there PPE used, emergency spill kit and fire extinguisher available?				
Are all containers in good condition? (free of dents and corrosion, not bulging, or otherwise deteriorating?)				
Are all containers sealed closed except when waste is being added or removed?				
Are the containers compatible with their contents and incompatible wastes separated?				
Are containers properly labeled and legible? ("Hazardous Waste", waste stream/profile, chemical or common name, hazardous properties, pictogram, etc.)				
Is the hazardous chemical surplus tag (orange label) being utilized when original manufacturer's label is not available?				
Is the SAA near the point of generation, away from drains and sinks, and monitored by owner?				
Is secondary containment sufficient and in good condition?				
Is the total volume of hazardous waste 55 gallons or less / 1 quart or less for acutely hazardous waste (per waste stream)?				
Is the mixed chemical log sheet being maintained at the SAA?				
Are container levels properly monitored (full at 90%)?				
Are containers and area surveyed weekly & copies sent to EHS monthly after corrective actions have been completed?				
Are survey records being maintained by lab for 3 years?				
Are lab personnel aware of procedures to recycle batteries, glass, and used oil through EHS?				
*Describe any observations for items checked 'NO' in the Corrective Actions Required / Comment				
Authorizing Name (Print):		Authorizing Name (Sign):		Date: