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| **Satellite Accumulation Area Weekly Inspection**  **Supervisor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Location (Building, Room #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Date Checked** | **Labeled Properly** | **Segregated Properly** | **Not Leaking** | **Secondary Containment in Place** | **Containers Closed** | **New waste streams generated that require a determination?  Y/N** | **55 gallon storage limit for hazardous waste has not been exceeded** *(This waste must be submitted for EHS pickup)* | **Signature** |
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