

**Chemical Waste Management Program**

**Annual Self-Audit Form**

*Submit completed self-audit to psuehs@psu.edu and to your department/ unit safety office. A copy must also be kept in the* Chemical Waste Management Plan binder

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/ Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **Yes** | **No** | **NA** |
| --- | --- | --- | --- |
| **A. TRAINING** | | | |
| 1. Have all personnel (including supervisor) completed Chemical Waste Management Training (initial) and placed certificates in the Chemical Waste Management Plan binder? |  |  |  |
| 1. Have all personnel (including supervisor) completed Chemical Waste Management Training (refresher) and placed certificates in the Chemical Waste Management Plan binder? |  |  |  |
| 1. Have all personnel who sign shipping papers completed RCRA/DOT training? |  |  |  |
| **B. SIGNS** | | | |
| 1. Is the Satellite Accumulation Area (SAA) sign posted at the waste storage area? |  |  |  |
| 1. Is the SAA sign information filled out? |  |  |  |
| 1. Is the Waste Labeling Guidance Document posted at the SAA? |  |  |  |
| **C. CHEMICAL AND HAZARDOUS WASTE** | | | |
| 1. Have waste generators read the Chemical Waste Management Plan? |  |  |  |
| 1. Do all waste containers have an orange tag attached, with the front (name, location, start date, and container contents) and back (classification and hazard) sections complete? |  |  |  |
| 1. Are SAAs inspected weekly and documentation maintained? Last inspected: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 1. Is all waste stored in secondary containment? |  |  |  |
| 1. Is total volume of hazardous waste less than 55 gallons? |  |  |  |
| 1. Are all waste streams generated in area present on the Waste Labeling Guidance Document? |  |  |  |
| 1. Have all new waste streams had a waste determination completed by EHS? |  |  |  |
| 1. Has chemical inventory been updated within the last year in CHIMS? Last updated: \_\_\_\_\_\_\_\_\_ |  |  |  |
| **D. UNIVERSAL WASTE – BATTERIES AND LAMPS** | | | |
| 1. Are requirements of Battery Recycling Guide being followed (labeling, storage, disposal)? |  |  |  |
| 1. Are requirements of Lamp and Ballast Recycling Guide being followed (labeling, storage, disposal)? |  |  |  |
| **E. WASTE OIL/GLYCOL** | | | |
| 1. Has all waste been placed in closed and leakproof chemical grade containers? |  |  |  |
| 1. Have all waste containers been labeled properly? |  |  |  |
| 1. Have no prohibited materials (gasoline, brake cleaners, refrigerant oil, etc.) been added to your waste containers? |  |  |  |
| **F. FIRE EXTINGUISHERS** | | | |
| 1. Are extinguishers in designated locations and are these locations labeled? |  |  |  |
| 1. Are extinguishers accessible and free from obstructions? |  |  |  |
| 1. Is the current year and date of last inspection indicated on the tag? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| **G. SAFETY SHOWERS AND EYEWASHES** | | | |
| 1. Are showers and eyewashes labeled, accessible, and free from obstructions? |  |  |  |
| 1. Are eyewashes and drench hoses flushed weekly? Last tested: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 1. Is the current year and date of last EHS inspection indicated on the tag? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| **H. FIRST AID** | | | |
| 1. Are first aid supplies kept in accordance with Penn State Policy SY21? |  |  |  |

Answering ‘NO’ to any question identifies an area that may require corrective actions.

**Please review the Waste Labeling Guidance Document at your SAA to determine the types of hazardous waste generated at this location and associated hazards and list below:**

|  |  |  |
| --- | --- | --- |
| Waste Generated at this location? (Yes/No) | Type of Hazardous Waste | Hazards |
|  | Flammable waste | Ignitable/fire |
|  | Corrosive waste | Human health - skin and eye irritants |
|  | Reactive waste | Heat generation, human health – skin and eye irritants |
|  | Oxidizer waste | Heat generation, human health – skin and eye irritants |
|  | Toxic waste | Human health – acute/chronic effects, adverse environmental effects to fauna/flora |

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Name of Supervisor (print) Signature of Supervisor Date

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Name of Department/Unit Safety Officer (print) Signature of Department/ Unit Safety Officer Date