UF UNIVERSITY of FLORIDA

Hazardous Waste - Monthly Self Audit

PI Name:	
Lab Waste Manager:	
Phone:	
Building:	
Room(s):	
Department:	

Year: 20___	January	February	March	April	May	June	July	August	September	October	November	December
Evaluation	Write **"Y"** for Yes & **"N"** for No											
Satellite Sheet Posted												
Current Waste Manager Listed												
All Staff & Students Trained												
SAA Training Document Available												
Waste Stored At or Near Point of Generation												
Waste Under Control of Generator												
Satellite Waste Totals Under Limit												
Waste Properly Segregated												
Waste Inside Container(s)												
Waste Compatible with Container(s)												
Waste Container(s) in Good Condition												
Waste Container(s) Closed												
Waste Container(s) Not Overfilled												
Waste Container(s) Labeled												
Waste Containers Dated (If Applicable)												
No "Unknowns" Generated												
No Improper Waste Disposal												
No Waste Stored in Other Locations												
Spill Kit Available												
General Housekeeping Good												
Initals & Date (Ex. 01/13)												