# UF University of FLORIDA

## Hazardous Waste - Monthly Self Audit

**PI Name:**

**Lab Waste Manager:**

**Phone:**

**Building:**

**Room(s):**

**Department:**

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### Evaluation

- 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
- Containers Dated (If Applicable)
- No "Unknowns" Generated
- No Improper Waste Disposal
- No Waste Stored in Other Locations
- Spill Kit Available
- General Housekeeping Good

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**Year: 20___**

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<th>January</th>
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Write "Y" for Yes & "N" for No

**Initals & Date (Ex. 01/13)**