

## Waste Evaluation Form

Form No.	Inspection Date	Inspector Name
Location / Area / Department of inspection		
Checklist	Observation	
Is the Scrap turn over off uncovered?		
Is there dust bins roll off uncovered?		
Is there facility / out door spills are found?		
Is there proper arrangement for disposal of solid waste / liquid waste / paints / rubber scrap / fiber scrap?		
Is there any handing procedure of highly combustible material? The material is properly identified? Properly stored?		
Is there a workman who handling the waste material is familiar with risk and precautions?		
Is verification carried out for standard weights?		
Is the hazardous waste / non hazardous waste are identified?		
Are there unlabelled bottles / containers / drum etc.?		
M.S.D.S. of hazardous water is available? Handling, storage, Preservation, fire protection has to be in line with MSDS.		

Signature of Department Head:

Signature of Inspector:

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