

BOSTON COLLEGE LABORATORY WASTE SATELLITE ACCUMULATION AREA WEEKLY INSPECTION FORM

BUILDING ______ RM #_____ YEAR: _____

Date	Secondary Container Present	Chemical Name written out	All Hazard Class boxes checked	Container Closed	Container Integrity (Good)	Comments/Corrective Actions	Inspectors Name
					(2200)		

Please send all completed forms to your Building Operations Manager:

Merkert – Ian Parr (rm. 125E) Higgins – John O'Grady (rm. 356D) Devlin – Ken Galli (rm. 310) Kenny Cottle – Steve Shepard (rm. 306)