

# WASTE DISPOSAL AUDIT CHECKLIST

<b>Facility / Location:</b>		<b>Date of Audit:</b>	
<b>Auditor Name:</b>		<b>Time of Audit:</b>	
<b>Department / Area:</b>		<b>Lead Representative:</b>	

## 1. WASTE SEGREGATION & IDENTIFICATION

No.	Audit Question	Y / N / NA	Comments / Observations
1.1	Are different waste streams (general, recyclable, hazardous, organic) clearly separated?		
1.2	Are waste containers designated with appropriate and visible color codes?		
1.3	Is there any evidence of cross-contamination in the recycling or general waste bins?		
1.4	Are e-waste and universal waste (batteries, bulbs) segregated from regular waste?		

## 2. WASTE STORAGE & CONTAINERS

No.	Audit Question	Y / N / NA	Comments / Observations
2.1	Are all waste containers in good condition, leak-free, and structurally sound?		
2.2	Are waste containers kept closed or covered when not actively in use?		
2.3	Is there sufficient capacity in the bins to prevent overflowing?		
2.4	Are hazardous waste storage areas equipped with secondary containment?		

## 3. LABELING & SIGNAGE

No.	Audit Question	Y / N / NA	Comments / Observations

No.	Audit Question	Y/N/NA	Comments / Observations
3.1	Are all waste containers clearly and properly labeled with their contents?		
3.2	Do hazardous waste labels clearly state the accumulation start date and specific hazards?		
3.3	Is there adequate signage posted at waste collection stations to guide personnel?		

#### 4. SAFETY, PPE & DOCUMENTATION

No.	Audit Question	Y/N/NA	Comments / Observations
4.1	Are spill kits available, complete, and easily accessible near storage areas?		
4.2	Are personnel handling waste utilizing appropriate Personal Protective Equipment (PPE)?		
4.3	Are waste transfer logs, manifests, and disposal receipts up to date and filed?		
4.4	Are emergency eye washes and safety showers unobstructed and inspected?		

#### REQUIRED CORRECTIVE ACTIONS

Ref No.	Action Item Details	Assigned To	Target Date

\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
Facility Representative Signature