
ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS

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NOTE

Terms defined in Attachment 2 appear for the first time in this procedure in ***bold italics***.

1.0 OBJECTIVES

- 1.1 To describe requirements for conducting periodic inspections of the following areas:
 - Storage Area(s)
 - Waste Accumulation Area(s)
 - Satellite Accumulation Area(s)
- 1.2 For malfunctions and deterioration, operator errors, and discharges which may cause or lead to:
 - (1) Release of hazardous materials/waste to the environment or
 - (2) A threat to human health
- 1.3 To monitor the level of oily waste tank(s)/Clarifiers(s) and to inspect permits for Diesel Generator(s)
- 1.4 To monitor and ensure the proper use of secondary containment on all drums and tanks containing petroleum products (waste or material) equal to or greater than 55 gallons. (Reference 6.2.8 and 2.3.10)

2.0 REFERENCES

- 2.1 Federal and State Regulation(s)
 - 2.1.1 US Code of Federal Regulations, Title 40 - Protection of Environment
 - 2.1.2 US Code of Federal Regulations, Title 49 - Transportation
 - 2.1.3 California Code of Regulation, Title 26 – Toxics
 - 2.1.4 California Health and safety Codes

3.0 PREREQUISITES

- 3.1 **VERIFY** this document is current by checking Palomar College website, Environmental Health & Safety section (Procedures) tab.
- 3.2 **VERIFY** level of use requirements on the first page of the document.
- 3.3 Only personnel authorized by the Manager, Environmental Health & Safety (EH&S) or designee, **SHALL** perform this inspection.
- 3.4 Prior to conducting an inspection, contact Manager, EH&S or designee, to determine if any additional hazardous waste accumulation areas [or satellite areas], oily waste tank(s) and diesel generator(s) have been designated (see Definitions, Attachment 2).
- 3.5 Authorized personnel should obtain appropriate keys/combinations to locks for storage and staging areas.
- 3.6 Prior to entering areas containing hazardous materials/waste, perform a visual inspection to alert workers

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of potential dangers. Look for bulging containers, leaks, spills, smoke, steam, vapors, heat, and other indicators of potential hazards.

3.6.1 If these indications exist, then prior to entry:

- .1 Contact the Manager, EH&S (x 3677) or Facilities Office (x2629)
- .2 If unanswered, contact by radio, or Campus Police (x2289)

3.6.2 If emergency conditions exist, then prior to entry:

- .1 Contact Campus Police (9-911)
- .2 Remain at a safe distance upwind/upgrade from the hazard and wait for Campus Police to arrive.
- .3 Warn others in the area of impending dangers.
- .4 Provide Campus Police with requested information.

4.0 PRECAUTIONS

4.1 Wear proper safety equipment when handling hazardous waste/material. At a minimum, wear gloves and safety glasses or goggles.

5.0 CHECKLISTS

5.1 None

6.0 PROCEDURE

6.1 RESPONSIBILITIES OF INSPECTOR

6.1.1 EH&S personnel **SHOULD** complete all inspection forms as follows:

- Attachment 5 and 6, weekly. Attachment 4, Quarterly.
- Attachment 3, daily or weekly. Attachment 7-14, monthly.

.1 **Upon completion of inspections, review inspection forms (Attachment 3 through 14) to ensure all** sections are completed properly.

.2 Forward all inspection forms to the Manager, EH&S, or designee for review.

6.1.2 Per Step 3.4, manually add newly designated areas or diesel generator permit locations on the appropriate inspection form (Attachment 3 through 14).

.1 Update procedure if any additional areas are permanently designated.

6.1.3 Each day activity occurs, conduct inspections of the following area:

- PCCD San Marcos Hazardous Waste Storage Yard
- Document inspections using the appropriate sections from Attachment 3 and corresponding acceptance criteria from Section 6.2

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- 6.1.4 Conduct weekly inspections of all designated storage and accumulation areas using Attachment 3 and applicable Section 6.2 criteria.
 - .1 If inspection cannot be performed, then contact the Manager, EH & S or designee.
 - .2 Write **P** in each box passing the criteria.
 - .3 Write **F** and a number corresponding to the item in the comment section, in each box failing the criteria (e.g., F1, F2, etc.).
 - .4 If criteria is not met with either a P (Pass) or F (Fail) a NA (Not Applicable) may be entered with approval from Manager, EH&S or designee.
 - .5 Immediately correct any conditions failing to meet the criteria or inform the Manager, EH&S or designee for follow-up.
 - .6 Indicate the date and time each location is inspected in the Date/Time (D/T) column.
 - .7 Describe the cause of any failures identified in the COMMENTS section.
 - .8 Describe any actions taken in the CORRECTIVE ACTIONS section.
 - .8.1 If follow-up is required, then document the date of completion on the inspection form.
 - .9 All weekly inspection failures **SHALL** be documented for trend analysis upon completion of the monthly review.
- 6.1.5 Inspect all oily tank(s)/Clarifiers(s) and permits for Diesel Generator(s) using applicable pages of Attachment 4.
 - .1 Record date and time of inspection(s).
 - .2 Report any discrepancies to the Manager, EH&S or designee.
- 6.1.6 Inspect all Emergency Box(s), Monthly, and complete the inspection form (Attachment 7):
 - .1 Ensure each box contains the appropriate emergency equipment.
 - .2 Record SAT/UNSAT findings on Attachment 7.
 - .3 Report any discrepancies to the Manager, EH&S or designee.

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6.2 ACCEPTANCE CRITERIA FOR ACCUMULATION/STORAGE AREAS**NOTE**

Use Attachment 3.

6.2.1 General Area Inspection

- .1 If applicable, ensure phone(s) in designated storage areas are in good working order.
- .2 Ensure absorbent and Emergency Response equipment is present and in good working order in designated waste accumulation areas and storage areas.
- .3 Ensure the general area around and on containers is free of trash, rags, and debris.
- .4 Ensure the area is kept free of drips or spills (visible liquid).
- .5 Ignitable or Reactive waste containers (see Definitions, Attachment 2) **SHALL** be located at least 50 feet inside Palomar Community College campus boundaries.
- .6 Eyewash stations **SHOULD** be located at all storage and waste accumulation areas.
- .7 **INSPECT** eyewash stations weekly, if present. Verify eyewash stations:
 - Appear to be in good condition
 - If equipped with pressure gauge, check gauge for proper pressure (e.g., ENCON unit should be within GREEN BAR area; HAWS unit is at 90 psi)
 - A pathway to the eyewash station is unblocked
- .8 On all permanent eyewash stations, verify operability of eyewash jets and face jets by depressing handle to ensure jets flow with *hands off*, for 15 seconds.

6.2.2 Container Conditions**NOTE**

Poor condition of containers may be indicated by bulges, large dents, holes, leaks, severe rust, or any other defects.

- .1 Accumulation and storage containers **SHALL** be in good condition.
- .2 **Corrective Actions:** Containers in poor condition should be placed in recovery, overpack, or salvage drums and/or have their contents transferred to another container.

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6.2.3 Container Management**NOTE**

For bagged material used for accumulation, ensure no holes are present and ensure the bag top is tapped securely closed.

- .1 Only Department of Transportation (DOT) approved containers **SHALL** be used for storage.
- .1.1 Ensure the United Nations (UN) number is identified on the drum (Reference 2.4.4).
- .2 Containers **SHALL** remain closed except when waste is being added or removed.
- .2.1 Container **SHALL** be locked. This applies to the large roll-off box(s).
- .2.2 Funnels without closure devices **SHALL** be removed and bungs secured.
- .3 Containers **SHALL NOT** be opened, handled, or stored in a manner that may cause the container to rupture, leak, or spill.
- .4 All accumulation drums being used for ignitable liquid wastes **SHALL** have a grounding strap and bonding strap readily available.
- .5 If hazardous waste containers are located in an environment susceptible to flooding and standing water, then ensure the containers are elevated on pallets (or equivalent).
- .6 Maintain adequate aisle space (3 feet or greater).

6.2.4 Container Labeling**NOTE**

The preferred location for markings and labeling of hazardous waste containers is on the top one-third to one-half of the container side.

- .1 All waste containers for final disposal **SHOULD** be marked or labeled, using a permanent pen, with the following:
 - 1. The words Hazardous Waste

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2. Generator name and address:

(For San Marcos Campus Containers)

Palomar Community College

1140 W. Mission Road

San Marcos, CA 92069

(For Escondido Campus Containers)

Escondido Education Center (PCCD)

951 E. Valley Parkway

Escondido, CA 92025

(For Rancho Bernardo Campus Containers)

Palomar College South Education Center

11111 Rancho Bernardo Road

Rancho Bernardo CA 92127

(For Fallbrook Campus Containers)

Palomar College North Education Center

35090 Horse Ranch Creek Road

Fallbrook CA 92028

3. Environmental Protection Agency ID:

#CAD981583057 (San Marcos)

#CAL000443737 (Escondido)

#CAL000437129 (Fallbrook)

#CAL000437105 (Rancho Bernardo)

- .2 A description of the contents.
- .3 The accumulation start date.
- .4 The storage start date, if being stored.
- .5 The appropriate DOT hazard label **SHALL** be added to each container prior to shipment off site.

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- .6 Hazardous materials should have their original shipping and warning labels affixed and/or a Globally Harmonized System of Classification and Labeling of Chemicals (GHS)/Safety Data Sheet (SDS) attached.
 - .7 If not, the container(s) and contents **SHALL** be evaluated for disposal as a hazardous waste.
 - .8 National Fire Protection Association (NFPA) labels may also be used in conjunction with hazardous waste labels to aid in drum identification.
- 6.2.5 Waste Accumulation and Accumulation/Storage Start Dates
- .1 Satellite accumulation area wastes are removed every 180 days (i.e., January 5th and June 5th) or when full, whichever comes first.
 - .2 The quantity limitation at each satellite accumulation area is 55 gallons of each waste type or one quart of extremely hazardous waste (see Definitions, Attachment 2).
 - .3 The storage start date is assigned within 72 hours (three days) of an accumulation container becoming full or when it is transferred from a satellite accumulation area to a Waste Storage Area.
 - .3.1 A drum within a waste accumulation area **SHALL** have the accumulation start date and the storage date written on the label.
 - .4 **Corrective Action:** Immediately notify the Manager, EH&S or designee of any containers nearing the 180-day limit.
- 6.2.6 Compatibility
- .1 Containers **SHALL** be constructed of materials that will not react with the waste to be stored, so the ability of the container to contain the waste is not impaired.
EXAMPLE: Do not store corrosives in metal containers.
 - .2 Hazardous wastes **SHALL NOT** be placed in an unwashed container that previously held an incompatible waste or material.
 - .3 Incompatible wastes **SHALL NOT** be mixed together.
 - .4 Incompatible wastes **SHALL** be stored in areas separated by dikes, berms, walls, or secondary containers to prevent the potential for adverse reactions.
- 6.2.7 Security
- .1 Storage Area and Waste Accumulation Area walls and/or fences **SHALL** be in good repair with

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functioning gates and locks.

NOTE

Signage is not required at satellites accumulation areas.

- .2 Storage Areas and Waste Accumulation Areas **SHALL** have appropriate signage posted at each entrance, and at any other locations that can be seen from any approach (see Attachment 1).
- .3 Storage areas not in use do not require signage to be posted. Manager, EH&S or designee, **SHALL** be notified of signage is not present, or is not necessary.

6.2.8 Containment Systems

- .1 Hazardous waste storage areas **SHALL** have a containment system free of cracks and gaps to contain leaks, spills, and accumulated precipitation per Reference 2.1.1.
 - .2 Any spilled hazardous waste **SHALL** be considered a failure and **SHALL** be removed as soon as practical.
 - .3 General Containment
 - .3.1 All temporary or permanent tanks and drums containing petroleum products (waste or material) equal to or greater than 55 gallons **SHALL** have secondary containment. (Temporary movement of drums from one area to another does not require secondary containment.
 - .4 If found, remove any spilled or any leaked waste and accumulated precipitation from the berm in a timely manner to prevent overflow and to return the containment to its designed capacity.
 - .5 If used, remove any spilled or any leaked waste and accumulated precipitation from the spill containers in a timely manner to prevent overflow and to return the containment to its designed capacity.
- (Note: Secondary Containment should have capacity to hold 110% of the containers content.)

6.3 Review

- .3.1 Completed inspection forms (Attachments 3 through 14) **SHALL** be reviewed by the Manager EH&S or designee.

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7.0 RECORDS

- 7.1 Copies of the inspection forms **SHALL** be retained in the Environmental Health and Safety office for three years.
- 7.2 Original inspection forms (Attachments 3 through 14) SHALL be transmitted to EH&S Shared Drive for retention annually.

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ATTACHMENT 1**SECURITY SIGNS**

The following signs should be present per References 2.1.1 & 2.4.2.

For Hazardous Waste Storage Areas:

**DANGER
HAZARDOUS WASTE AREA
UNAUTHORIZED PERSONNEL KEEP OUT
ZONA DE RESIDUOS PELIGROSOS
PROHIBIDA LA ENTRADA A PERSONAS NO**

**DANGER
FLAMMABLES
NO SMOKING**

**WARNING
THIS AREA CONTAINS CHEMICALS KNOWN TO THE
STATE OF CALIFORNIA TO CAUSE CANCER, BIRTH
DEFECTS, AND/OR OTHER REPRODUCTIVE HARM
CALIFORNIA HEALTH AND SAFETY CODE § 25249.6**

**EMERGENCY
EMERGENCY DIAL 9-911**

**NOTICE
RESTRICTED AREA
AUTHORIZED PERSONNEL ONLY
PRIOR TO ENTRY CALL FACILITIES OFFICE 2629
IN CASE OF FIRE OR EMERGENCY CALL CAMPUS
POLICE 9-911**

EMERGENCY EYE WASH STATION

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ATTACHMENT 2

DEFINITIONS

Extremely Hazardous Waste - Any hazardous waste or mixture of hazardous wastes which, if human exposure should occur, may likely result in death, disabling personal injury or serious illness caused by the hazardous waste or mixture of hazardous wastes because of its quantity, concentration, or chemical characteristics.

Hazardous Waste - A waste or combination of wastes, which because of its quantity, concentration, or physical, chemical, or infectious characteristics may either:

- A. Cause, or significantly contribute to, an increase in mortality or an increase in serious irreversible or incapacitating reversible, illness.
- B. Pose a substantial present or potential hazard to human health or environment when improperly treated, stored, transported, or disposed of, or otherwise managed.

Ignitable Liquid - A liquid, other than an aqueous solution containing less than 24 percent alcohol by volume and has a flash point less than 60°C (140°F), per a Pensky-Martens Closed Cup Tester, using the test method specified in ASTM Standard D-93-79 or D-93-80, etc. (Reference 2.1.1)

Mixed Waste - Mixed waste is defined as a chemical/material having hazardous properties, established by designated criteria and is also radiologically contaminated (low level) with licensed radioactive material (US Code of Federal Regulations, Title 40, Protection of Environment).

Primary Storage Area - The holding of hazardous waste for a temporary period (180 days), at the end of which the hazardous waste is sent to an appropriate treatment storage and/or disposal facility.

Reactive Waste - A waste is considered reactive if it has any of the following properties:

- Normally unstable and readily undergoes violent change without detonating.
- Reacts violently with water.
- Forms potentially explosive mixtures with water.
- When mixed with water, it generates toxic gases, vapors or fumes in a quantity sufficient to present a danger to human health or the environment.
- A cyanide or sulfide bearing waste which, when exposed to pH conditions between 2 and 12.5, can generate toxic gases, vapors, or fumes in a quantity sufficient to present a danger to human health or the environment.

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ATTACHMENT 2**DEFINITIONS** (Continued)**Reactive Waste** – Continued

- Capable of detonation or explosive reaction if subjected to a strong initiating source or if heated under confinement.
- Readily capable of detonation or explosive decomposition or reaction at standard temperature and pressure.
- A forbidden explosive as defined in 49 CFR 173.51, or a Class A explosive as defined in 49 CFR 173.53 or a Class B explosive as defined in 49 CFR 173.88. (Reference 2.1.1).
- The EPA Hazardous Waste Number of D003.

Satellite/Waste Accumulation Area - An area where generators of hazardous waste accumulate their waste prior to moving it to a Waste Accumulation Area.

Tier Permits - A five-tiered program for authorizing hazardous waste treatment and/or storage at businesses required to have state authorization to treat or store hazardous waste but do not require a hazardous waste facility permit under Federal law.

Treatment - Any process or method designed to change the character or composition of a hazardous waste.

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ATTACHMENT 2**DEFINITIONS** (Continued)**Universal Waste Battery - 40 CFR 273.9**

Battery means a device consisting of one or more electrically connected electrochemical cells, which is designed to receive, store, and deliver electric energy. An electrochemical cell is a system consisting of an anode, cathode, and an electrolyte, plus such connections (electrical and mechanical) as may be needed to allow the cell to deliver or receive electrical energy. The term battery also includes an intact, unbroken battery from which the electrolyte has been removed.

Waste Management Requirements for Small Quantity Handlers of Universal Waste Batteries - 40 CFR 273.13(a)

(a) Universal waste batteries. A small quantity handler of universal waste must manage universal waste batteries in a way that prevents releases of any universal waste or component of a universal waste to the environment, as follows:

(1) A small quantity handler of universal waste must contain any universal waste battery that shows evidence of leakage, spillage, or damage that could cause leakage under reasonably foreseeable conditions in a container. The container must be closed, structurally sound, compatible with the contents of the battery, and must lack evidence of leakage, spillage, or damage that could cause leakage under reasonably foreseeable conditions.

(2) A small quantity handler of universal waste may conduct the following activities as long as the casing of each individual battery cell is not breached and remains intact and closed (except that cells may be opened to remove electrolyte but must be immediately closed after removal):

- (i) Sorting batteries by type;
- (ii) Mixing battery types in one container;
- (iii) Discharging batteries so as to remove the electric charge;
- (iv) Regenerating used batteries;
- (v) Disassembling batteries or battery packs into individual batteries or cells;
- (vi) Removing batteries from consumer products; or
- (vii) Removing electrolyte from batteries.

(3) A small quantity handler of universal waste who removes electrolyte from batteries, or who generates other solid waste (e.g., battery pack materials, discarded consumer products) as a result of the activities listed above, must determine whether the electrolyte and/or other solid waste exhibit a characteristic of hazardous waste identified in 40 CFR part 261, subpart C.

(i) If the electrolyte and/or other solid waste exhibit a characteristic of hazardous waste, it is subject to all applicable requirements of 40 CFR parts 260 through 272. The handler is considered the generator of the hazardous electrolyte and/or other waste and is subject to 40 CFR part 262.

(ii) If the electrolyte or other solid waste is not hazardous, the handler may manage the waste in any way that is in compliance with applicable federal, state or local solid waste regulations.

[illegible]

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COMMENTS/CORRECTIVE ACTIONS:

REVIEWED BY: _____ **DATE** _____

APPROVED BY: _____ **DATE** _____

Manager, EH&S or Designee

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ATTACHMENT 3**ACCUMULATION/STORAGE AREAS INSPECTION FORM** (Continued)

FREQUENCY: Daily or Weekly

Indicate PASS (P) or FAIL (F) for each “criteria” in the appropriate box. Indicate the date and time each location is inspected in the D/T column. Record the reason for any “FAIL” in the “COMMENTS” section and any actions taken in the CORRECTIVE ACTIONS section. An N/A (not applicable) may only be used with approval from the Manager, EH&S or designee.

LOCATION	6.2.1	6.2.2	6.2.3	6.2.4	6.2.5	6.2.6	6.2.7	6.2.8	D/T	PERFORMED BY: INSPECTOR
NS-337										
NS-337A										
SEC -216										
NEC-D01										
NEC-C01										
ESC Exterior Storage										

COMMENTS/CORRECTIVE ACTIONS:

REVIEWED BY: _____ DATE _____

APPROVED BY: _____ DATE _____

Manager, EH&S or Designee

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ATTACHMENT 3**ACCUMULATION/STORAGE AREAS INSPECTION FORM** (Continued)FREQUENCY: **Daily or Weekly**

Indicate SAT or UNSAT in the appropriate box. Verify log is filled out for hours operated and permit is current. Indicate the date and time each location and container condition are inspected in the D/T column. Record the reason for any "UNSAT" in the "COMMENTS" section and any actions taken in the CORRECTIVE ACTIONS section.

DIESEL GENERATOR(S) INSPECTION

PERMIT #	DESCRIPTION	SAT	UNSAT	6.2.2	D/T	PERFORMED BY: INSPECTOR
APCD2004-PTO-977637	Emergency Natural Gas Engine (ETV)					
APCD2010-PTO-00538	Emergency Diesel Engine (PCPD)					
APCD2010-PTO-00539	Emergency Diesel Engine (I.S. A-Bldg.)					
APCD2010-PTO-000706-V2	Emergency Diesel Engine (NS – Bldg.)					
APCD2017-PTO-002927	Emergency Diesel Engine (LRC)					

COMMENTS/CORRECTIVE ACTIONS:

REVIEWED BY: _____ DATE _____

APPROVED BY: _____ DATE _____

Manager, EH&S or Designee

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ATTACHMENT 3**ACCUMULATION/STORAGE AREAS INSPECTION FORM** (Continued)FREQUENCY: **Daily or Weekly**

Indicate SAT or UNSAT in the appropriate box. Verify log is filled out for hours operated and permit is current. Indicate the date and time each location and container condition are inspected in the D/T column. Record the reason for any "UNSAT" in the "COMMENTS" section and any actions taken in the CORRECTIVE ACTIONS section.

DIESEL GENERATOR(S) INSPECTION

PERMIT #	DESCRIPTION	SAT	UNSAT	6.2.2	D/T	PERFORMED BY: INSPECTOR
APCD2017-APP-005126	Emergency Diesel Engine (Rancho Bernardo)					

COMMENTS/CORRECTIVE ACTIONS:

REVIEWED BY: _____ DATE _____

APPROVED BY: _____ DATE _____

Manager, EH&S or Designee

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ATTACHMENT 4**CLARIFIER(S) INSPECTION FORM**

FREQUENCY: EVERY 6 MONTHS

(A) LOCATION: ART DEPARTMENT

PURPOSE: To determine oily water level of Clarifier(s) and to see if clarifier requires to be pumped out.

INSPECTION:

- (1) Determine approximate level of oily water in clarifier(s)

Level of oily water ____ %.

SAT _____ UNSAT _____

Date _____ Time _____ of inspection

Corrective Action: _____**(B) LOCATION: AUTOMOTIVE- ITC**

PURPOSE: To determine oily water level of Clarifier(s) and to see if clarifier requires to be pumped out.

INSPECTION:

- (1) Determine approximate level of oily water in clarifier(s)

Level of oily water ____ %.

SAT _____ UNSAT _____

Date _____ Time _____ of inspection

Corrective Action: _____**INSPECTION PERFORMED BY:** _____ **DATE** _____**REVIEWED BY:** _____ **DATE** _____**APPROVED BY:** _____ **DATE** _____

Manager, EH&S or Designee

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ATTACHMENT 4**CLARIFIER(S) INSPECTION FORM** (Continued)

FREQUENCY: EVERY 6 MONTHS

(C) LOCATION: **MD- Print Services**

PURPOSE: To determine oily water level of Clarifier(s) and to see if clarifier requires to be pumped out.

INSPECTION:

(1) Determine approximate level of oily water in clarifier(s)

Level of oily water _____ %.

SAT _____ UNSAT _____

Date _____ Time _____ of inspection

Corrective Action: _____

COMMENTS:

REVIEWED BY: _____ DATE _____

APPROVED BY: _____ DATE _____

Manager, EH&S or Designee

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ATTACHMENT 4**OILY WASTE TANK(S) INSPECTION FORM**FREQUENCY: **WEEKLY**

PURPOSE: To determine condition of tank(s), oil level and to see if tank(s) are required to be pumped out.

INSPECTION:

LOCATION/OIL CAPACITY	VOLUME		REQUIRED ACTION *	DATE -TIME	PERFORMED BY: INSPECTOR
	OIL	ANTI- FREEZE			
Automotive ITC Bldg.					

* Notify the Manager, Environmental Services or designee of any corrective action taken.

Corrective Action: Poor condition of containers may be indicated by bulges, large dents, holes, leaks, severe rust, or any other defects. All temporary or permanent tanks and drums containing petroleum products (waste or material) equal to or greater than 55 gallons **SHALL** have secondary containment.

COMMENTS:

REVIEWED BY: _____ DATE _____

APPROVED BY: _____ DATE _____

Manager, EH&S or Designee

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ATTACHMENT 5**MEDICAL OFFICE BIOHAZARD INSPECTION FORM**FREQUENCY: **WEEKLY**

PURPOSE: To verify the presence of biohazard labels, symbols, and generators name and address.

INSPECTION:

LOCATION/ CAPACITY	LABELS AND SYMBOLS PRESENT ON SHARPS CONTAINERS AND RED BAGS	GENERATORS NAME & ADDRESS ON SHARPS CONTAINERS, RED BAGS AND COLLECTION CONTAINERS*	GENERAL INSPECTION: SEALED OR LEAKING? P/F	D/T	PERFORMED BY: INSPECTOR
HC (RM# 107)					
HS (RM# 102)					
NS (RM# 228)					
NS (RM# 319)					
MD (RM# 129)					

* Notify the Manager, EH&S or designee of any corrective action taken.

Corrective Action: If labels, symbols, or generator name and address are not on sharps containers, red bags, or trash receptacles, then label accordingly and notify supervision.

REVIEWED BY: _____ DATE _____

APPROVED BY: _____ DATE _____

Manager, EH&S or Designee

ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS

ATTACHMENT 5**MEDICAL OFFICE BIOHAZARD INSPECTION FORM (Continued)**FREQUENCY: **WEEKLY**

PURPOSE: To verify the presence of biohazard labels, symbols, and generators name and address.

LOCATION/ CAPACITY	LABELS AND SYMBOLS PRESENT ON SHARPS CONTAINERS AND RED BAGS	GENERATORS NAME & ADDRESS ON SHARPS CONTAINERS, RED BAGS AND COLLECTION CONTAINERS*	GENERAL INSPECTION: SEALED OR LEAKING? P/F	D/T	PERFORMED BY: INSPECTOR
SEC-137 Health Center					
SEC-234					
SEC-316					
SEC-334					
ESC- 401B/402A					
ESC-808R EME					
ESC-203 Health Center					
NEC-B01					
NEC-B02					

Corrective Action: If labels, symbols, or generator name and address are not on sharps containers, red bags, or trash receptacles, then label accordingly and notify supervision.

REVIEWED BY: _____ DATE _____

APPROVED BY: _____ DATE _____

Manager, EH&S or Designee

ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS

ATTACHMENT 6**UNIVERSAL WASTE SATELLITE INSPECTION FORM****FREQUENCY: Monthly**

PURPOSE: To verify that universal waste is properly managed and labeled or marked to identify the type of universal waste as specified below:

- (a) Universal waste batteries (i.e., each battery), or a container in which the batteries are contained, must be labeled or marked clearly with any one of the following phrases: "Universal Waste -- Battery(ies)," or "Waste Battery(ies)," or "Used Battery(ies);"
- (b) Accumulate universal waste no longer than one year.
- (c) Indicate PASS (P) or FAIL (F) for each "criteria" in the appropriate box. Indicate the date and time each location is inspected in the D/T column. Record the reason for any "FAIL" in the "COMMENTS" section and any actions taken in the CORRECTIVE ACTIONS section. An N/A (not applicable) may only be used with approval from the Manager, EH&S or designee.

INSPECTION:

LOCATION	6.2.1	6.2.2	6.2.3	6.2.4	6.2.5	6.2.6	6.2.7	6.2.8	D/T	PERFORMED BY: INSPECTOR
Hazmat Storage Pad							N/A	N/A		
SSC							N/A	N/A		
LRC- 3 rd Floor							N/A	N/A		
Theatre							N/A	N/A		
M&O-106							N/A	N/A		
NS - 228							N/A	N/A		
M&O Plumbing							N/A	N/A		
C Bldg. (RM:C-4A)							N/A	N/A		
ITC							N/A	N/A		

San Marcos Campus continued on next page.

ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS

ATTACHMENT 6

UNIVERSAL WASTE SATELLITE INSPECTION FORM (Continued)

P-2							N/A	N/A		
-----	--	--	--	--	--	--	-----	-----	--	--

COMMENTS: _____

REVIEWED BY: _____ **DATE** _____
APPROVED BY: _____ **DATE** _____
 Manager, EH&S or Designee

ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS

ATTACHMENT 6**UNIVERSAL WASTE SATELLITE INSPECTION FORM (Continued)**FREQUENCY: **Monthly**

PURPOSE: To verify that universal waste is properly managed and labeled or marked to identify the type of universal waste as specified below:

- a) Universal waste batteries (i.e., each battery), or a container in which the batteries are contained, must be labeled or marked clearly with any one of the following phrases: "Universal Waste -- Battery(ies)," or "Waste Battery(ies)," or "Used Battery(ies);"
- b) Accumulate universal waste no longer than one year.
- c) Indicate PASS (P) or FAIL (F) for each "criteria" in the appropriate box. Indicate the date and time each location is inspected in the D/T column. Record the reason for any "FAIL" in the "COMMENTS" section and any actions taken in the CORRECTIVE ACTIONS section. An N/A (not applicable) may only be used with approval from the Manager, EH&S or designee.

INSPECTION:

LOCATION	6.2.1	6.2.2	6.2.3	6.2.4	6.2.5	6.2.6	6.2.7	6.2.8	D/T	PERFORMED BY: INSPECTOR
NEC- Staff Lounge							N/A	N/A		
NEC- Facilities Conex Box							N/A	N/A		
SEC- Facilities							N/A	N/A		
SEC- Admin Office							N/A	N/A		
ESC- Admin Office							N/A	N/A		
ESC- Facilities							N/A	N/A		
CPPEN							N/A	N/A		

COMMENTS: _____

REVIEWED BY: _____ DATE _____

APPROVED BY: _____ DATE _____
Manager, EH&S or Designee

ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS

ATTACHMENT 7

EMERGENCY BOX(S) INSPECTION FORM

PALOMAR COLLEGE

San Marcos Campus
1140 West Mission Road
San Marcos, CA 92069-1487



LOCATION	A-Frame Lights(s)		A-Frame Barricade(s)		Shakable Flashlights(s) & Caution Tape		Dust Mask(s) & Orange Cone(s)		Safety Vest(s) & 1 st Aid Kit		DATE/TIME	PERFORMED BY: INSPECTOR
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT		
LOT #3												
LOT #9												
LOT # 9F												
LOT # 12 LP												
LOT # 15												

FREQUENCY: **Monthly**

Corrective Actions/Comments: _____

REVIEWED BY: _____ DATE _____

APPROVED BY: _____ DATE _____

Manager, EH&S or Designee

CONTENTS

- | | |
|-----------------------------|---------------------------|
| (2) A-Frame Light(s) | (2) A-Frame Barricade(s) |
| (4) Shakable Flashlight(s) | (12) Orange Cone(s) |
| (4) Safety Vest(s) | (1 Roll) Caution Tape |
| (1) 1 st Aid Kit | *Lot 9-Has no steel cable |

Current Phone #'s & Campus Maps

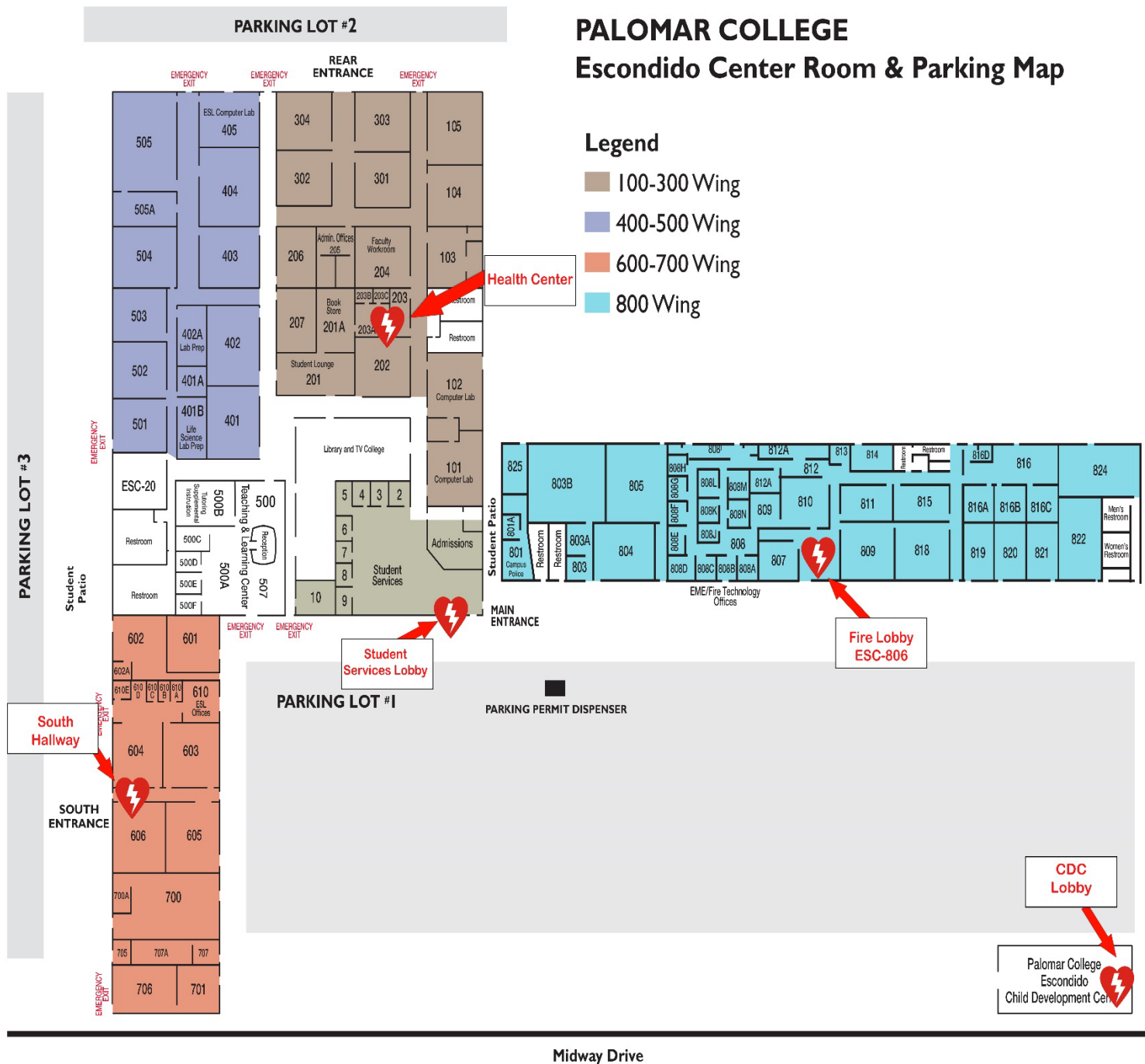
Note: Inspect contents of E-Boxes if Tamper seals are broken.

ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS

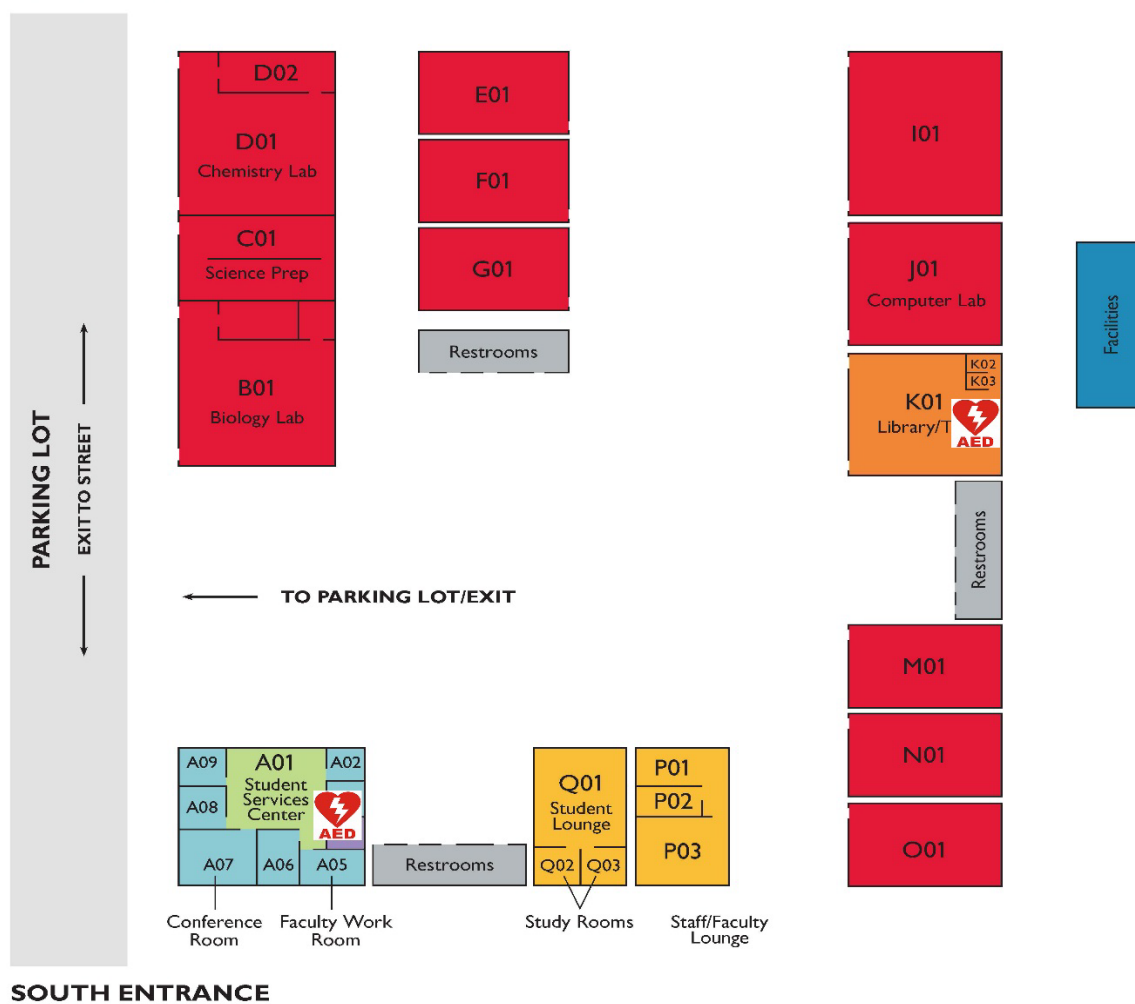
ATTACHMENT 8
AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) MAP LOCATIONS**PALOMAR COLLEGE**

San Marcos Campus
1140 West Mission Road
San Marcos, CA 92069-1487

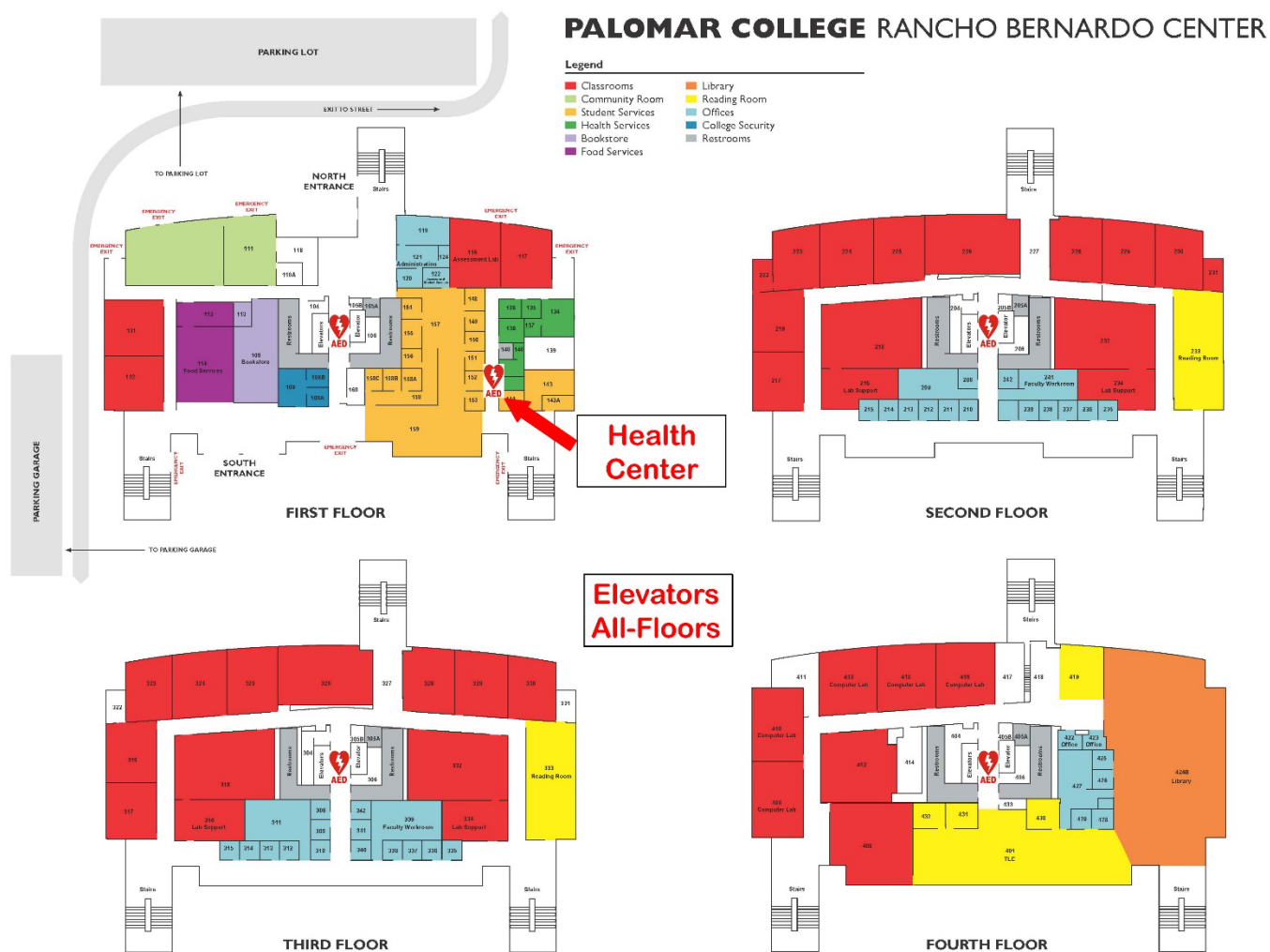




ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS

ATTACHMENT 10
AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) MAP LOCATIONS**NORTH EDUCATION CENTER****NORTH ENTRANCE****SOUTH ENTRANCE****Legend**

- Classrooms
- Student Services
- Lounges
- Library/TLC
- Offices
- Facilities
- Campus Police
- Restrooms

ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS**ATTACHMENT 11****AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) MAP LOCATIONS**

[illegible]

ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS

ATTACHMENT 12**AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) INSPECTION FORM (Continued)**

LOCATION	AED Model# Serial#	Is AED Intact & Free Of Damage/AED Supplies		If AED Is Stored In Alarmed Cabinet, Is Alarm Functioning? (Replace battery if chirping)		Defibrillator Pads Present & Not Expired		AED Battery OK & Not Expired		DATE/TIME	PERFORMED BY: INSPECTOR
	(Note here if AED is missing)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT		
T Building	G3 #381242										
TLC Building	G3 #4444168										
C Building	G3 #381231										
Baseball Field	G5 #221394										
Public Safety Center	Philips M5071A A16E-10110										
Camp Pendleton	G3 #4444170										

AED SUPPLIES

- | | |
|------------------|-------------------------------|
| (1) Barrier Mask | (2) Pairs Non Latex Gloves(s) |
| (1) Scissors | (1) Disposable Razor |
| (1) Cloth/Towel | (1) Gauze |

Procedure (Pamphlet) for Deployment (USE)

Note: Inspect contents of AED if Tamper seals are broken.

FREQUENCY: **MONTHLY**

COMMENTS: _____

REVIEWED BY: _____ DATE _____

APPROVED BY: _____ DATE _____

Manager, EH&S or Designee

ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS

ATTACHMENT 12**AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) INSPECTION FORM (Continued)**

LOCATION	AED Model# Serial#	Is AED Intact & Free Of Damage/AED Supplies		If AED Is Stored In Alarmed Cabinet, Is Alarm Functioning? (Replace battery if chirping)		Defibrillator Pads Present & Not Expired		AED Battery OK & Not Expired		DATE/TIME	PERFORMED BY: INSPECTOR
	(Note here if AED is missing)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT		
Escondido; S. Entrance Hallway	G3 #11178										
Escondido; Student Services	G3 #381150										
Escondido; Fire Lobby	G5#4444170										
Escondido; CDC Bldg.	G3 #5129973										
Escondido; Health Center	G5#92048										

AED SUPPLIES

(1) Barrier Mask (2) Pairs Non Latex Gloves(s)
 (1) Scissors (1) Disposable Razor
 (1) Cloth/Towel (1) Gauze

Procedure (Pamphlet) for Deployment (USE)

Note: Inspect contents of AED if Tamper seals are broken.

FREQUENCY: **MONTHLY**

Corrective Actions/Comments: _____

REVIEWED BY: _____ DATE _____

APPROVED BY: _____ DATE _____
 Manager, EH&S or Designee

ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS

ATTACHMENT 12**AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) INSPECTION FORM (Continued)**

LOCATION	AED Model# Serial#	Is AED Intact & Free Of Damage/AED Supplies		If AED Is Stored In Alarmed Cabinet, Is Alarm Functioning? (Replace battery if chirping)		Defibrillator Pads Present & Not Expired		AED Battery OK & Not Expired		DATE/TIME	PERFORMED BY: INSPECTOR
	(Note here if AED is missing)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT		
South Ed. 1 st Floor Elevator	G5 #82364										
South Ed. 2nd Floor Elevator	G5 #82237										
South Ed. 3rd Floor Elevator	G5 #81209										
South Ed. 4th Floor Elevator	G5 #90170										
South Ed. 1 st Floor Health Center	G5 #91985										

FREQUENCY: **MONTHLY**

Corrective Actions/Comments: _____

AED SUPPLIES

(1) Barrier Mask (2) Pairs Non Latex Gloves(s)

(1) Scissors (1) Disposable Razor

(1) Cloth/Towel (1) Gauze

Procedure (Pamphlet) for Deployment (USE)

Note: Inspect contents of AED if Tamper seals are broken.

REVIEWED BY: _____ DATE _____

APPROVED BY: _____ DATE _____

Manager, EH&S or Designee

ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS

ATTACHMENT 12**AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) INSPECTION FORM (Continued)**

LOCATION	AED Manufacturer/ Model# Or Serial#	Is AED Intact & Free Of Damage/AED Supplies		If AED Is Stored In Alarmed Cabinet, Is Alarm Functioning? (Replace battery if chirping)		Defibrillator Pads Present & Not Expired		AED Battery OK & Not Expired		DATE/TIME	PERFORMED BY: INSPECTOR
	(Note here if AED is missing)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT		
North Ed. Library	G5 #291839										
North Ed. Admin Office	G5 #82506										
North Ed. Staff Lounge	G5 #92081										

AED SUPPLIES

- (1) Barrier Mask (2) Pairs Non Latex Gloves(s)
 (1) Scissors (1) Disposable Razor
 (1) Cloth/Towel (1) Gauze

Procedure (Pamphlet) for Deployment (USE)

Note: Inspect contents of AED if Tamper seals are broken.

FREQUENCY: **MONTHLY**

Corrective Actions/Comments: _____

REVIEWED BY: _____ **DATE** _____

APPROVED BY: _____ **DATE** _____

Manager, EH&S or Designee

ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS

ATTACHMENT 13
APCD USAGE/MEDICAL WASTE/ LOG INSPECTION FORM

FREQUENCY: Monthly

PURPOSE: Indicate P or F in the appropriate box. Verify log is filled out for USAGE and permit is current applicable. Indicate the date and time each location is inspected in the D/T column. Record the reason for any "F" in the "COMMENTS" section and any actions taken in the CORRECTIVE ACTIONS section.

- (a) Any coating or adhesive materials application operation (portable or stationary) where 20 gallons or less of liquid coatings or adhesive materials are applied per consecutive 12-month period. Monthly purchase records and daily or monthly usage records of all coatings or adhesive materials applied must be maintained on-site for 3 years
- (b) Any coating or adhesive materials application operation at a stationary source where the VOC emissions from such operation are 150 pounds or less per consecutive 12-month period, excluding surface preparation and cleanup solvents. All records necessary to calculate VOC emissions, such as VOC content of each coating or adhesive material applied and daily or monthly usage records of such materials must be maintained on-site for 3 years
- (c) Indicate PASS (P) or FAIL (F) for each "criteria" in the appropriate box. Indicate the date and time each location is inspected in the D/T column. Record the reason for any "FAIL" in the "COMMENTS" section and any actions taken in the CORRECTIVE ACTIONS section. An N/A (not applicable) may only be used with approval from the Manager, EH&S or designee.

LOCATION/ CAPACITY	MATERIAL INVENTORY?	RECEIPTS?	USAGE LOGS UP TO DATE?	MSDS PRESENT?	DATE & TIME	PERFORMED BY: INSPECTOR
AUTOMOTIVE (ITC 107)						
WOODSHOP (T-121)						
AUTOCLAVE	ANNUAL CERTIFICATE	TEST STRIPS INDICATOR	USAGE LOGS UP TO DATE?			
(NS-229)						
(SEC-234)						

* Notify the Manager, EH&S or designee of any corrective action taken.

Corrective Action: If labels, symbols, or generator name and address are not on sharps containers, red bags, or trash receptacles, then label accordingly and notify supervision.

Comments:

REVIEWED BY: _____ **DATE** _____
APPROVED BY: _____ **DATE** _____
 Manager, EH&S or Designee

ENVIRONMENTAL HEALTH & SAFETY HAZARDOUS MATERIAL/WASTE INSPECTIONS

ATTACHMENT 14
Evacuation Chair Inspection Form

FREQUENCY: **Monthly**

PURPOSE: To determine condition of the evacuation chairs and storage cabinets.

INSPECTION:

LOCATION	Chair Functions and is free of Damage.	Evacuation Chair storage cabinet is in good condition and opens/closes properly	# of chairs inspected	D/T	PERFORMED BY: INSPECTOR
H 2nd Floor			/ 3		
H 3rd Floor			/ 3		
HS 2nd Floor			/ 1		
LRC 2nd Floor			/ 3		
LRC 3rd Floor			/ 3		
LRC 4th Floor			/ 3		
MD 2nd Floor			/ 3		
MD 3rd Floor			/ 3		
NS 2nd Floor			/ 1		
NS 3rd Floor			/ 1		
SU 2nd Floor			/ 1		

South Education Center inspection on next page.

ATTACHMENT 14

Evacuation Chair Inspection Form

INSPECTION:

LOCATION	Chair Functions and is free of Damage.	Evacuation Chair storage cabinet is in good condition and opens/closes properly	# of chairs inspected	D/T	PERFORMED BY: INSPECTOR
SEC 2nd Floor			/ 3		
SEC 3rd Floor			/ 3		
SEC 4th Floor			/ 3		

COMMENTS:

[illegible]

Manager, EH&S or Designee

Manager, EH&S or Designee