

Waste Oil Tank Daily Measurements Log

Store # _____ Month _____ Year _____

DAY	Begin Day Inches	Name & Initials	End Day Inches	Name & Initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Tank Size _____ gallons (Total Capacity of Tank in gallons)
 Height of Tank _____ inches (Height of the tank)
 Gallons per inch _____ (Total Capacity divided by height or Gallons divided by inches)
 80% Capacity _____ inches (Height in inches times 80%. For example 60 inches times 0.80 = 48 inches)
 Call for pick up if tank reaches 80% capacity.

**BY SIGNING THE LOG I CERTIFY THAT THE USED MOTOR OIL I AM DEPOSITING AT THIS SERVICE CENTER
CONTAINS NOTHING BUT USED MOTOR OIL.**

[illegible]

UNACCEPTABLE MATERIALS: Solvents, Paints, Varnishes, Gasoline, Household Chemicals, Thinners, or any mix of unacceptable material with waste oil.

ABANDONED WASTE COLLECTED WHILE STORE IS CLOSED

Date	Time	Description of contents and Container	Initials of Who Found It	Number Gallons	Number Filters	Antifreeze
			TOTALS			

ACCEPTABLE OILS: MOTOR OILS, HYDRAULIC OILS, TRANSMISSION OILS

UNACCEPTABLE MATERIALS: Solvents, Paints, Varnishes, Gasoline, Household Chemicals, Thinners, or any mix of unacceptable material with waste oil.

**Spill Response and Personal Protective
Equipment for Spill Clean Up**

Monthly Checklist

Month _____ **Year** _____ **Store #** _____

The following is a list of equipment and supplies to be readily available in the service center for use as required in cleaning up a spill:

- | | Initials |
|---|----------|
| 1. "Wet Floor Signs" | _____ |
| 2. Spill Kit containing; | _____ |
| a. General Socks (3" X 42") Qty 2 | _____ |
| b. Universal Mat Pads (15" X 20") Qty 20 | _____ |
| c. Disposable Bag * | _____ |
| 3. Nitrile Gloves | _____ |
| 4. Oil Dry/Oil Absorbents (10 lb Bag) | _____ |
| 5. Brooms, Squeegees, Mops etc for clean up | _____ |
| 6. Degreaser | _____ |

* Disposable Bags, used with absorbent material, may be used as a drain cover.

SCM _____

Date _____



**IVY LANE
CORPORATION**

Signature _____

Oil Water Separator Log

Store # _____

<u>Date</u>	<u>Name</u>	<u>Signature</u>	<u>Quantity</u>



IVY LANE
CORPORATION

Weekly Lift Maintenance Inspections

Store # _____

Year _____

WEEK	Date	Initials	WEEK	Date	Initials	WEEK	Date	Initials	WEEK	Date	Initials
1			14			27			40		
2			15			28			41		
3			16			29			42		
4			17			30			43		
5			18			31			44		
6			19			32			45		
7			20			33			46		
8			21			34			47		
9			22			35			48		
10			23			36			49		
11			24			37			50		
12			25			38			51		
13			26			39			52		
									53		

Weekly inspections of each lift in the service center is to be completed by a manager. The inspections include checking the oil level, safety mechanisms/latches, cables, chains, electrical connections and overall lift operations. Keep this maintenance inspection list in an area close to the lift controls. When completed, place in the Responsible Care Binder.

INSPECTION FORMS MONTHLY VISUAL INSPECTIONS				Completed by: _____ Date: _____	
Area/Item Inspected	Vault	Inspection Checklist Items to be inspected include container integrity, secondary containment, and potential physical hazards to container integrity. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Open Containers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Evidence of Spill/Leak <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential for Spill/Leak <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> General Cleanliness of Areas <input type="checkbox"/> Poor <input type="checkbox"/> Good		Tracking Information Date of Inspection: _____ Name of Inspector: _____ Action Items Noted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Results which Require Action to be Taken Responsible Person _____ Date Notified (MM/DD/YY) _____ Date Resolved (MM/DD/YY) _____		Description of Action Taken _____ _____ _____			
Area/Item Inspected	Hydraulic Reservoirs	Inspection Checklist Items to be inspected include leakage and housekeeping. <input type="checkbox"/> All Areas Inspected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Residue on Ground <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> General Cleanliness of Area <input type="checkbox"/> Poor <input type="checkbox"/> Good		Tracking Information Date of Inspection: _____ Name of Inspector: _____ Action Items Noted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Results which Require Action to be Taken Responsible Person _____ Date Notified (MM/DD/YY) _____ Date Resolved (MM/DD/YY) _____		Description of Action Taken _____ _____ _____			
Area/Item Inspected	Maintenance Area	Inspection Checklist Review drum storage and housekeeping. <input type="checkbox"/> Area Inspected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Open Containers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Evidence of Spill/Leak <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential for Spill/Leak <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> General Cleanliness of Areas <input type="checkbox"/> Poor <input type="checkbox"/> Good		Tracking Information Date of Inspection: _____ Name of Inspector: _____ Action Items Noted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Results which Require Action to be Taken Responsible Person _____ Date Notified (MM/DD/YY) _____ Date Resolved (MM/DD/YY) _____		Description of Action Taken _____ _____ _____			
Area/Item Inspected	Spill Equipment	Inspection Checklist Insure that equipment is sufficient and in good condition. <input type="checkbox"/> All Areas Inspected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Equipment Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Condition <input type="checkbox"/> Poor <input type="checkbox"/> Good		Tracking Information Date of Inspection: _____ Name of Inspector: _____ Action Items Noted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Results which Require Action to be Taken Responsible Person _____ Date Notified (MM/DD/YY) _____ Date Resolved (MM/DD/YY) _____		Description of Action Taken _____ _____ _____			

Monthly Air Compressor Maintenance Checklist

Store # _____ Month _____ Year _____

	Date	Name	Signature
Change the oil.			
Inspect the belts.			
Inspect relief valves.			
Inspect for leaks.			
Drain water catch/dryer.			
Inspect/fill lubricator.			