

# HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

	YES	NO
1. Is the area free of debris and other materials?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the ground clean and dry?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are container tops free of spillage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the area free of spills or leaks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all of the containers in good condition? (free from dents and corrosion not bulging or otherwise deteriorating)	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all containers properly closed?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are containers labeled with hazardous waste labels?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the following information on the labels filled out?  Generator name and address Accumulation start date Contents Physical state Hazardous Properties	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the information on the labels legible?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have wastes been disposed of within the allowable accumulation time?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are containers compatible with their contents?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are incompatibles stored separately?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is aisle space adequate?	<input type="checkbox"/>	<input type="checkbox"/>

Describe any observations for items checked "NO":

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Correction actions required:

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\*Inspections must be conducted on a weekly basis.

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2. Is the ground clean and dry?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are container tops free of spillage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the area free of spills or leaks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all of the containers in good condition? (free from dents and corrosion not bulging or otherwise deteriorating)	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all containers properly closed?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are containers labeled with hazardous waste labels?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the following information on the labels filled out?  Generator name and address Accumulation start date Contents Physical state Hazardous Properties	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the information on the labels legible?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have wastes been disposed of within the allowable accumulation time?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are containers compatible with their contents?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are incompatibles stored separately?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is aisle space adequate?	<input type="checkbox"/>	<input type="checkbox"/>

Describe any observations for items checked "NO":

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Correction actions required:

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# HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

	YES	NO
1. Is the area free of debris and other materials?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the ground clean and dry?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are container tops free of spillage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the area free of spills or leaks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all of the containers in good condition? (free from dents and corrosion not bulging or otherwise deteriorating)	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all containers properly closed?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are containers labeled with hazardous waste labels?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the following information on the labels filled out?  Generator name and address Accumulation start date Contents Physical state Hazardous Properties	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the information on the labels legible?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have wastes been disposed of within the allowable accumulation time?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are containers compatible with their contents?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are incompatibles stored separately?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is aisle space adequate?	<input type="checkbox"/>	<input type="checkbox"/>

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# HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

	YES	NO
1. Is the area free of debris and other materials?	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Total Number of Containers: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

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Location of Inspection: \_\_\_\_\_

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	YES	NO
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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

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4. Is the area free of spills or leaks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all of the containers in good condition? (free from dents and corrosion not bulging or otherwise deteriorating)	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all containers properly closed?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are containers labeled with hazardous waste labels?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the following information on the labels filled out?  Generator name and address Accumulation start date Contents Physical state Hazardous Properties	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the information on the labels legible?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have wastes been disposed of within the allowable accumulation time?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are containers compatible with their contents?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are incompatibles stored separately?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is aisle space adequate?	<input type="checkbox"/>	<input type="checkbox"/>

Describe any observations for items checked "NO":

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Correction actions required:

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# HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

	YES	NO
1. Is the area free of debris and other materials?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the ground clean and dry?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are container tops free of spillage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the area free of spills or leaks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all of the containers in good condition? (free from dents and corrosion not bulging or otherwise deteriorating)	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all containers properly closed?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are containers labeled with hazardous waste labels?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the following information on the labels filled out?  Generator name and address Accumulation start date Contents Physical state Hazardous Properties	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the information on the labels legible?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have wastes been disposed of within the allowable accumulation time?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are containers compatible with their contents?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are incompatibles stored separately?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is aisle space adequate?	<input type="checkbox"/>	<input type="checkbox"/>

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# HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

	YES	NO
1. Is the area free of debris and other materials?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the ground clean and dry?	<input type="checkbox"/>	<input type="checkbox"/>
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8. Is the following information on the labels filled out?  Generator name and address Accumulation start date Contents Physical state Hazardous Properties	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

	YES	NO
1. Is the area free of debris and other materials?	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Total Number of Containers: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

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8. Is the following information on the labels filled out?  Generator name and address Accumulation start date Contents Physical state Hazardous Properties	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the information on the labels legible?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have wastes been disposed of within the allowable accumulation time?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are containers compatible with their contents?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are incompatibles stored separately?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is aisle space adequate?	<input type="checkbox"/>	<input type="checkbox"/>

Describe any observations for items checked "NO":

---

Correction actions required:

---

\*Inspections must be conducted on a weekly basis.

\*Maintain checklist as documentation of this requirement.

\*Inspection program must meet requirements of 22 CCR 66256.174.

# HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

	YES	NO
1. Is the area free of debris and other materials?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the ground clean and dry?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are container tops free of spillage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the area free of spills or leaks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all of the containers in good condition? (free from dents and corrosion not bulging or otherwise deteriorating)	<input type="checkbox"/>	<input type="checkbox"/>
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12. Are incompatibles stored separately?	<input type="checkbox"/>	<input type="checkbox"/>
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# HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

	YES	NO
1. Is the area free of debris and other materials?	<input type="checkbox"/>	<input type="checkbox"/>
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Describe any observations for items checked "NO":

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# HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

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Location of Inspection: \_\_\_\_\_

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Location of Inspection: \_\_\_\_\_

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Inspector Name: \_\_\_\_\_

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# HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

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# HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Total Number of Containers: \_\_\_\_\_

	YES	NO
1. Is the area free of debris and other materials?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the ground clean and dry?	<input type="checkbox"/>	<input type="checkbox"/>
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## Aboveground Storage Tank Monthly Inspection Schedule

Inspector's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Tank Identification: #1  #2  #3  #4  #5  #6  #7   
 #8  #9  #10  #11  #12  #13  #14  #15

- INSTRUCTIONS:**
1. Note condition and corrective actions in the "Comment" section.
  2. Inform your manager of all problems or concerns noted.
  3. Place completed Monthly Inspection Schedule with the SPCC Plan.
  4. Maintain the inspection schedules for five years.

	YES	NO	N/A
1. Tank Compliance (Without deterioration and/or leakage?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Containment (Structure secure with no leakage?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Containment (If present, discharge valve closed?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Secondary Containment Tank (Containment free of liquid?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Liquid level indicators (Can you see through it?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overfill prevention device (Is it operating properly?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Aboveground pipes and valves (Secure without leakage?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Spill control material (Present in a sufficient quantity?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Drums (Closed, labeled, and non-leaking?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is drum containment free of liquid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Additional Concerns and Clarifications:			

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### Aboveground Storage Tank Annual Inspection Schedule

Inspector's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Tank Identification: #1  #2  #3  #4  #5  #6  #7   
#8  #9  #10  #11  #12  #13  #14  #15

**INSTRUCTIONS:** Note conditions and correction actions in the "Comment" section. Inform your manager of all problems or concerns noted. Place completed Annual Inspection Schedule with the SPCC Plan. Inspection schedules must be maintained for three years.

**1. Containment (Free of liquid and deterioration)**

Comments: \_\_\_\_\_  
\_\_\_\_\_

**1. Tank supports (Level, corrosion free, not in water)**

Comments: \_\_\_\_\_  
\_\_\_\_\_

**2. Tanks (Free of damage or deterioration and coated properly)**

Comments: \_\_\_\_\_  
\_\_\_\_\_

**4. Vents (Present and not blocked or covered)**

Comments: \_\_\_\_\_  
\_\_\_\_\_

**5. Valves (If present, list the types of valves and test each in accordance with manufacturer's guidelines.)**

#1 \_\_\_\_\_, #2 \_\_\_\_\_, #3 \_\_\_\_\_, #4 \_\_\_\_\_, #5 \_\_\_\_\_, #6 \_\_\_\_\_, #7 \_\_\_\_\_, #8 \_\_\_\_\_,  
#9 \_\_\_\_\_, #10 \_\_\_\_\_, #11 \_\_\_\_\_, #12 \_\_\_\_\_, #13 \_\_\_\_\_, #14 \_\_\_\_\_, #15 \_\_\_\_\_,

Comments: \_\_\_\_\_  
\_\_\_\_\_

**2. Liquid level indicator (Is the device operating properly?)**

Comments: \_\_\_\_\_  
\_\_\_\_\_

**3. Overfill equipment (If present, inspect and test in accordance with manufacturer's guidelines)**

Comments: \_\_\_\_\_  
\_\_\_\_\_

**4. Electrical Equipment (If present in tank system, check condition and proper operation)**

Comments: \_\_\_\_\_  
\_\_\_\_\_

**5. Spill box (If present, is it free of liquid?)**

Comments: \_\_\_\_\_  
\_\_\_\_\_

**6. Are drums free of damage, dents, rust and leaks?**

Comments: \_\_\_\_\_  
\_\_\_\_\_

**11. Is drum containment free of liquid?**

Comments: \_\_\_\_\_  
\_\_\_\_\_

**12. Is/Are the tank(s) in compliance with the requirements of the SPCC Plan?**

**Comments:** \_\_\_\_\_

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