

# HAZARDOUS MATERIALS STORAGE AREA: MONTHLY INSPECTION

Building Number \_\_\_\_\_ Building Name \_\_\_\_\_ Room # \_\_\_\_\_

Inspector's Name \_\_\_\_\_ Phone # \_\_\_\_\_ YEAR 200 \_\_\_\_\_

**Instruction:**

1. Use this form to inspect rooms that are designated as hazardous materials Storage Area (not laboratories or work areas)
2. Evaluate the storage area during inspection for breakage, odors, etc. and for items listed below to ensure safe storage conditions
3. Indicate follow up actions taken to correct items answered with a no; attach additional sheet if necessary
4. Record all corrective actions in the last space. If the spill is more than 50 ml or if it escapes secondary container, call EH&S at 725-9999 (24 hours)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Enter Inspection Date in the Month box----->	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Is area free from leaks and/or spills?												
Is appropriate emergency equipment (spill kit, etc.) available?												
Are incompatible chemicals segregated?												
Are all containers labeled with full chemical name?												
Are all containers closed?												
Are leak-proof secondary containers provided?												
Are gas cylinders and lecture bottles in storage properly restrained and valve caps in place?												
After each inspection initial the boxes at right----->												
Corrective Action:												

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