

**Massachusetts Department Of Environmental Protection
Drinking Water Program**

CHEMICAL DELIVERY INSPECTION FORM
CHEMICAL NAME _____

DATE: _____

TIME: _____

FACILITY: _____

RECEIVED BY: _____

STORAGE TANK TO RECEIVE DELIVERY: _____

		BILL OF LADING	CERTIFICATE OF ANALYSIS	NOTES
1	SUPPLIER/ SHIPPER			Should be Company Name
2	CHEMICAL NAME			For Example: Sodium Hypochlorite solution or any synonym
3	CHEMICAL ID#			For Example: For Sodium Hypochlorite, should be UN# 1791
4	ESTIMATED QUANTITY			NOTE: QUANTITIES ON VENDOR PAPERWORK ARE ESTIMATES; scale weights are most accurate.
5	DRIVER'S NAME			Verify that the driver has initialed the Cert. of Analysis or Bill of Lading
6	MANUF'S LAB SIGNATURE			Verify signature is present on the Certificate of Analysis
7	TRAILER #			Verify the trailer # on the paperwork is the same as the number on the trailer at the facility.

Note: If you answer NO to any of the following questions, contact a Supervisor immediately.

1. WAS THE DELIVERY PREVIOUSLY SCHEDULED? _____(Y or N)
2. DID THE DRIVER ARRIVE IN THE EXPECTED DELIVERY WINDOW? _____(Y or N)
3. DO YOU RECOGNIZE THE DRIVER? _____(Y or N)
4. IS THE DRIVER'S CDL CURRENT? _____(Y or N)
5. IS THE TANK TRUCK MARKED WITH THE CORRECT DOT UN#? _____(Y or N)
6. DOES THE DOCUMENTATION REFERENCE THE CORRECT DOT UN# AND CHEMICAL NAME? _____(Y or N)
7. IS TANK TRUCK FROM THE PROPER COMPANY? _____(Y or N)
8. DOES THE TRAILER NUMBER MATCH WHAT IS EXPECTED? _____(Y or N)
9. IS THE QUANTITY APPROPRIATE? _____(Y or N)