

HAZARDOUS MATERIALS INSPECTION CHECKLIST

CAMPUS _____ DATE _____

BUILDING _____ ROOM _____

Instructions. Check (☒) each item below as "Satisfactory" or "Unsatisfactory." Add any pertinent comments and the location of hazards in the space provided for each item checked "Unsatisfactory."

	Satisfactory	Unsatisfactory	N/A	Comment/Location
Hazardous materials stored in manner to segregate incompatibles substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work areas where hazardous materials are stored or used are clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous waste storage areas are separate & clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous waste storage areas are able to contain spills or leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Material Safety Data Sheets are readily available to employees for hazardous materials in their work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephones with posted emergency phone numbers are located in hazardous materials work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signs prohibiting smoking, eating or drinking are clearly posted in hazardous materials storage, handling and use areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working areas used for the storage, handling and use of hazardous materials are adequately ventilated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Locations of utility shut-offs are clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate personal protective equipment such as goggles, face shields, gloves and aprons are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kits are available and fully stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Chemical storage shelves have adequate barriers to prevent container-roll-off or tip-over <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Spill clean-up materials are readily available and clearly identified <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Eye wash & emergency shower stations are provided in work areas where corrosives are used <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Personnel are trained in emergency procedures <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
"No Smoking" rule strictly enforced <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Ventilation for hazardous materials use and storage areas is re-circulated and provides 4 to 12 room changes per hour <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Other _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CORRECTIVE ACTION TAKEN (indicate work order has been initiated)	

Inspector's Signature

Print Name