

Appendix D

CHEMICAL STORAGE ROOM MONTHLY INSPECTION CHECKLIST

Date	Department/Major	Lab #	Conducted by:

	Academic Year (____ / ____)											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Enter Inspection Date												
2. Is the storage area free from leaks and spills? (Y/N)												
3. Is the area equipped with appropriate emergency equipment (spill kit, etc.) available? (Y/N)												
4. Are incompatible chemicals separated? (Y/N)												
5. Is the full chemical name provided on all containers?												
6. (Y/N)												
7. Are all containers properly closed? (Y/N)												
8. Is the chemical room provided with leak-proof secondary containers?												
9. (Y/N)												
10. Are gas cylinders in the storage area chained properly and valve caps in place? (Y/N)												
11. Is the room ventilation system working properly? (Y/N)												
12. Is the room provided with first aid, eyewash, and an emergency shower? (Y/N)												
13. Are safety signs and posters provided in the storage room? (Y/N)												
14. Corrective Actions: (Please provide all corrective actions as an attachment with this inspection form.)												

*** If "No" is chosen in the above statements please explain in detail why.