

# HAZARDOUS MATERIALS STORAGE AREA: MONTHLY INSPECTION

**Building Number** \_\_\_\_\_ **Building Name** \_\_\_\_\_ **Room Number** \_\_\_\_\_  
**Inspector's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Year** \_\_\_\_\_

**Instructions:**

1. Use this form to inspect rooms that are designated as Hazardous Materials Storage Areas (not laboratories or work areas).
2. Evaluate the storage area during the inspection for breakage, odors, etc. and for items listed below to ensure safe storage conditions.
3. Record all corrective actions in the last space for items with a "No" answer; attach an additional sheet if necessary.
4. If the spill is more than 30 ml or if it escapes the 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 _____ →												
Is the area free from leaks and/or spills? (Yes/No)												
Is appropriate emergency equipment (spill kit, etc.) available? (Y/N)												
Are incompatible chemicals segregated? (Y/N)												
Are all containers labeled with full chemical name? (Y/N)												
Are all containers closed? (Y/N)												
Are leak-proof secondary containers provided? (Y/N)												
Are gas cylinders and lecture bottles in storage properly restrained and valve caps in place? (Y/N/NA)												
After each inspection initial here _____ →												
Corrective Action:												