

Chemical Storage Safety Review Form

Facility / Lab Name

Reviewer Name

Date of Review

Room / Storage Location

List Chemicals Stored (include quantities if possible)

Storage Conditions

Are chemicals properly separated by compatibility?

Are all containers clearly labeled?

Are containers in good condition (no damage or leaks)?

Is storage area well ventilated?

Is secondary containment used where appropriate?

Is appropriate signage displayed?

Is access limited to authorized personnel?

Other safety observations

Recommendations/Corrective Actions