

# Hazardous Materials Container Inspection Checklist

Inspector Name

Date

Location

Container ID/Number

Material Name

## Checklist

Inspection Item	Yes	No	Remarks
Container is properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Container is compatible with contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No signs of leaks, corrosion, or damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Container is closed when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Proper segregation and storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Secondary containment in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Expiration date checked (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency information available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Comments

Inspector Signature

Date

