

Chemical Storage Inspection Checklist

General Information

Date	<input type="text"/>	Inspector Name	<input type="text"/>
Location	<input type="text"/>	Supervisor	<input type="text"/>

Checklist

Item	Yes	No	N/A	Comments
Chemical containers labeled clearly and correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Chemicals stored in designated areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Incompatible chemicals separated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Shelves good condition and stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No expired or deteriorated chemicals present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Proper spill containment available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Good housekeeping (clean, no clutter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Personal protective equipment available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Safety Data Sheets (SDS) accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Comments