

General Information

Facility Name

Location

Date of Audit

Auditor Name(s)

SPCC Plan and Documentation

SPCC Plan Available Onsite?

SPCC Plan Reviewed with Employees?

Date of Last Plan Update/Review

Inspection Checklist

Item	Compliant	Comments
Secondary Containment Integrity	<input type="text"/>	<input type="text"/>
Visible Leaks/Spills	<input type="text"/>	<input type="text"/>
Drip Pans/Absorbents Present	<input type="text"/>	<input type="text"/>
Tank & Container Labeling	<input type="text"/>	<input type="text"/>
Valves/Sumps/Tested for Leaks	<input type="text"/>	<input type="text"/>
Spill Kits Available & Stocked	<input type="text"/>	<input type="text"/>

Training & Personnel

Employees Trained on SPCC Procedures?

Last Training Date

Additional Training Needed?

Corrective Actions & Notes

Describe Any Corrective Actions Required

General Notes/Observations

Auditor Signature