

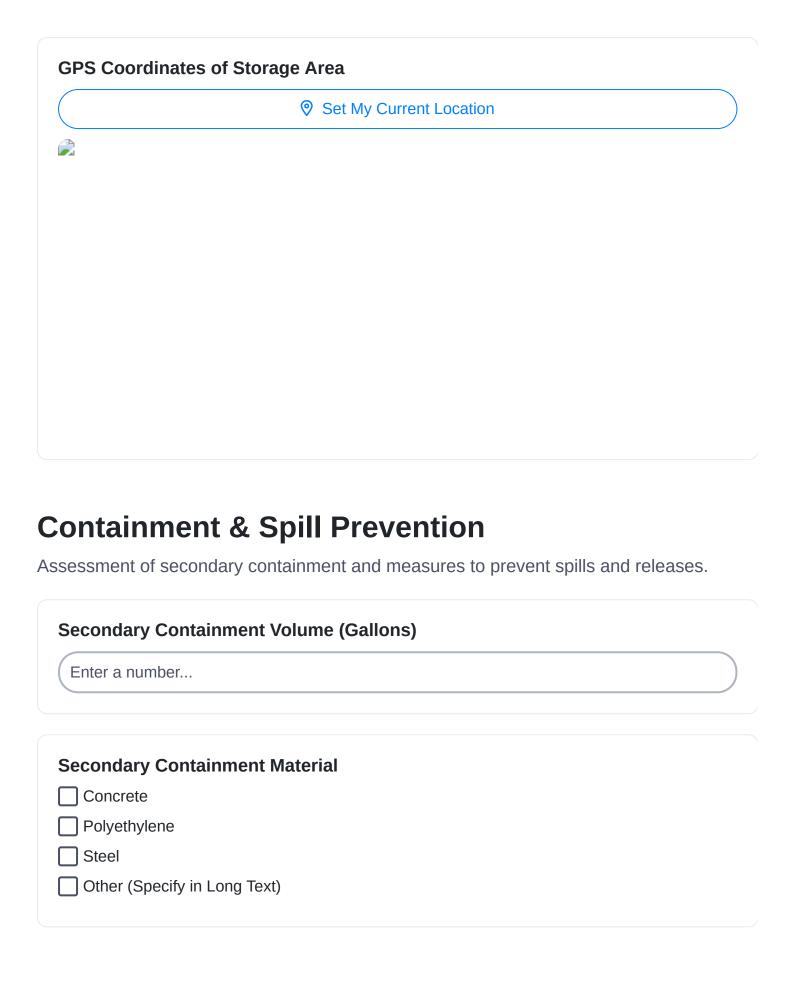
Hazardous Materials Storage Compliance Checklist

Hazard Identification & Inventory

| Description | f Hazardous Materials Inventory Management Proces | SS |
|--------------|---|------|
| Write someth | g | |
| nventory Li | (Including Chemical Names, CAS Numbers, Quantit | ies) |
| Fotal Numbe | of Unique Hazardous Materials Stored | |
| Enter a numb | r | |
| SDS (Safety | ata Sheet) Availability (Select all that apply) | |
| Readily Acc | ssible (Printed) | |
| | ssible (Electronic) | |
| Readily Acc | | |

| Date of Last Inventory Review Enter date Details of Any Discrepancies Found During Inventory Reviews and Corrective Actions Taken Write something |
|--|
| Details of Any Discrepancies Found During Inventory Reviews and Corrective Actions Taken Write something |
| Details of Any Discrepancies Found During Inventory Reviews and Corrective Actions Taken Write something |
| Actions Taken Write something |
| |
| Storogo Aroo Docigo & Construction |
| Storage Area Design & Construction |
| Verification of the physical layout and construction of the storage area to meet regulatory requirements. |
| Storage Area Square Footage: |
| Enter a number |
| Floor Construction Type: |
| Concrete |
| Asphalt Other (Specify) |

| Describe any flooring coatings or treatments: | |
|--|--|
| Write something | |
| | |
| | |
| Is the area protected from weather exposure? | |
| Yes | |
| No | |
| | |
| Minimum Clearance Between Stored Materials and Ceiling: | |
| Enter a number | |
| | |
| What construction materials are used for walls and roof? | |
| Concrete | |
| Steel | |
| Wood | |
| Insulation | |
| Other (Specify) | |
| | |



| If 'Other' selected for Secondary Containment Material, please specify: |
|---|
| Write something |
| |
| |
| Absorbent Materials Available? |
| Yes |
| ☐ No |
| Types of Absorbent Materials Available |
| Pads |
| Socks |
| Loose Absorbent |
| Granular Absorbent |
| Other (Specify in Long Text) |
| If 'Other' selected for Absorbent Materials, please specify: |
| Write something |
| |
| |
| Last Absorbent Material Inspection Date |
| Enter date |
| |
| Photo of Secondary Containment Area |
| ♣ Upload File |

Labeling & Signage

Confirmation that all containers and the storage area are properly labeled and signed.

| Are all containers properly labeled with the chemical name and hazard warnings? Yes No N/A |
|--|
| Are all containers labeled with the Globally Harmonized System (GHS) pictograms? Yes No N/A |
| Confirm the wording used on labels adheres to regulatory requirements (e.g., NFPA Diamond, DOT Placards). Provide example if necessary. Write something |
| Is the storage area clearly marked with appropriate hazard warning signs? Yes No N/A |
| Describe the signage used at the storage area entrance (e.g., 'Hazardous Materials Storage - Authorized Personnel Only'). Write something |

| Number of unlabeled or improperly labeled containers found (if any). | |
|---|--|
| Enter a number | |
| Upload photos of container labels and storage area signage. Upload File | |
| Segregation & Compatibility Varification of proper segregation of incompatible materials to provent dangerous | |
| Verification of proper segregation of incompatible materials to prevent dangerous reactions. | |
| Are incompatible materials physically separated by a distance or barrier? Yes, adequate separation Yes, barrier used No, materials are adjacent N/A - No incompatible materials stored | |
| Are acids stored separately from bases? Yes, clearly separated No, stored together N/A - No acids or bases stored | |
| Are oxidizers stored away from flammable materials? Yes, adequate separation No, stored together N/A - No oxidizers or flammable materials stored | |

| What method is used for segregation (e.g., distance, containment, incompatibility chart)? |
|--|
| Distance |
| Containment |
| Incompatibility Chart |
| Other - Specify in Long Text |
| If 'Other' was selected above, please explain the segregation method. |
| Write something |
| Is a chemical compatibility chart readily available to employees? Yes No Not Applicable |
| Ventilation & Temperature Control Assessment of ventilation systems and temperature control measures for hazardous materials storage. |
| Minimum Air Changes per Hour (ACH) |
| Enter a number |
| Maximum Storage Temperature (°C) |
| Enter a number |

| Temperature Recording Frequency (hours) | |
|--|--|
| Enter a number | |
| Ventilation System Type | |
| Ventilation System Type Natural | |
| Mechanical Exhaust | |
| Dilution | |
| Describe Ventilation System Maintenance Procedures | |
| Write something | |
| | |
| | |
| Exhaust Air Discharge Location | |
| Directly to Atmosphere | |
| ☐ Through Air Filtration System | |
| Other (Specify) | |
| If 'Other' for exhaust discharge location, please specify: | |
| Write something | |
| | |
| | |
| Date of Last Ventilation System Inspection | |
| Enter date | |
| | |

Emergency Response & Spill Control

| spills. | emergency response plan for hazardous materials |
|--|---|
| Write something | |
| January 3 | |
| | |
| What spill control equipm | ent is readily available? |
| Absorbent Materials (pads, | socks, etc.) |
| Neutralizing Agents | |
| Personal Protective Equipm | ent (PPE) |
| Containment Booms | |
| Spill Kits | |
| None | |
| | |
| Quantity of spill kits availa | able. |
| | |
| Enter a number | |
| | |
| | |
| | e drill. |
| Enter a number Date of last spill response | drill. |
| Enter a number | drill. |
| Enter a number Date of last spill response | e drill. |
| Enter a number Date of last spill response Enter date Describe the procedures f | or reporting a hazardous materials release to |
| Enter a number Date of last spill response Enter date | |

Evaluation of emergency response procedures, spill control equipment, and personnel

| Who is the designa Name N/A | ed spill response coordinator? | |
|------------------------------|---|---|
| Attach a copy of the | current SDS (Safety Data Sheet) index or master list. | |
| Location of spill kit | s). | |
| | Set My Current Location |) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Training & Documentation

Confirmation of employee training records, compliance documentation, and record-keeping practices.

| Number of Employees Trained on Hazmat Storage | |
|---|--|
| Enter a number | |

| Date of Last Hazmat Storage Training |
|--|
| Enter date |
| |
| Brief Description of Hazmat Storage Training Content |
| Write something |
| Copy of Hazmat Training Records (Employee Names & Dates) Lipidad File |
| |
| Training Method Used (e.g., Classroom, Online, On-the-Job) |
| ☐ Classroom ☐ Online |
| On-the-Job |
| Other (Specify in Long Text) |
| Topics Covered in Training (Select all that apply) |
| Hazard Identification |
| Storage Requirements |
| Spill Response Procedures |
| ☐ Emergency Procedures |
| Personal Protective Equipment (PPE) |
| Regulatory Requirements |

| Enter date | |
|---|--------------------------------------|
| nspections & Audits | |
| eview of inspection records and audit proce | edures to ensure ongoing compliance. |
| Date of Last Inspection | |
| Enter date | |
| Frequency of Inspections (e.g., monthly | y, quarterly) |
| Enter a number | |
| Summary of Findings from Last Inspect | tion |
| Write something | |
| Areas Inspected During Last Audit (Sele | ect All That Apply) |
| Storage Area B | |
| Loading Dock | |
| Segregation Areas | |

| Corrective Actions Taken (Related to Inspection/Audit Findings) | |
|---|--|
| Write something | |
| | |
| | |
| Date of Completion of Corrective Actions | |
| Enter date | |
| Upload Inspection/Audit Report (PDF, DOCX) | |
| Legisland File Upload File | |
| Audit Performed by: | |
| Internal Auditor | |
| External Auditor | |
| | |
| Regulatory Compliance & Updates | |
| erification of adherence to relevant federal, state, and local regulations and updates to ompliance programs. | |
| Date of Last Regulatory Review | |
| Enter date | |
| | |
| Summary of Regulatory Changes Since Last Review | |
| Write something | |
| | |
| | |

| Applicable Federal Regulations (Select all that apply) OSHA Hazard Communication Standard (29 CFR 1910.1200) EPA Resource Conservation and Recovery Act (RCRA) DOT Hazardous Materials Regulations (49 CFR Parts 100-185) Other (Specify in Long Text) |
|--|
| Frequency of Regulatory Updates Review (e.g., Monthly, Quarterly, Annually) |
| Enter a number |
| |
| Date of Next Regulatory Review |
| Enter date |
| |
| Review Method (How were regulations reviewed?) |
| ☐ Internal Review |
| External Consultant |
| Subscription Service |
| Upload Documentation of Regulatory Review (e.g., meeting minutes, consultant reports) |
| ♣ Upload File |