CHEMICAL STORAGE & LABELING INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Container Integrity

☐ Yes ☐ No — Containers are sealed and free of leaks or corrosion

☐ Yes ☐ No — Secondary containment is clean and dry

☐ Yes ☐ No — Drums and bottles are stored upright and secure

☐ Yes ☐ No — No signs of bulging or structural failure

Labeling & Documentation

☐ Yes ☐ No — GHS labels are clearly visible and legible

☐ Yes ☐ No — SDS sheets are accessible and up to date

☐ Yes ☐ No — Contents are clearly identified on all containers

☐ Yes ☐ No — Hazard warnings are prominently displayed

Storage Area Safety

☐ Yes ☐ No — Incompatible chemicals are properly segregated

☐ Yes ☐ No — Ventilation systems are operational and unobstructed

☐ Yes ☐ No — Spill kits are stocked and easily accessible

☐ Yes ☐ No — Fire extinguishers are present and inspected

Housekeeping & Access

☐ Yes ☐ No — Aisles are clear of obstructions and debris

☐ Yes ☐ No — Lighting is adequate for safe identification

☐ Yes ☐ No — Emergency eyewash stations are functional

☐ Yes ☐ No — Storage racks are stable and not overloaded

FINAL NOTES

Inspector Comments:

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Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ I confirm this inspection was completed accurately