

# Chemical Storage and Handling Evaluation Sheet

Department/Location:	_____	Date:	_____
Evaluator Name:	_____	Supervisor:	_____

## Chemical Inventory

Chemical Name	Quantity	Storage Location	Container Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Storage Evaluation

Criteria	Yes	No	Comments
Proper segregation of chemicals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clearly labeled containers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secondary containment present	<input type="checkbox"/>	<input type="checkbox"/>	_____
Compatible storage with other materials	<input type="checkbox"/>	<input type="checkbox"/>	_____
Access to SDS (Safety Data Sheets)	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Handling Evaluation

Criteria	Yes	No	Comments
Appropriate PPE available & used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spill kits and emergency eyewash present	<input type="checkbox"/>	<input type="checkbox"/>	_____
Training records up to date	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Findings & Recommendations

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Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_