

# Chemical Storage and Handling Evaluation Sheet

Department/Location:	<input type="text"/>	Date:	<input type="text"/>
Evaluator Name:	<input type="text"/>	Supervisor:	<input type="text"/>

## Chemical Inventory

Chemical Name	Quantity	Storage Location	Container Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Storage Evaluation

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

## Handling Evaluation

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

## Findings & Recommendations

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Evaluator Signature:  Date: