

# Chemical Waste Self-Audit Form

<b>DATE:</b>	<b>DEPT:</b>	<b>EHS REP:</b>
<b>TIME:</b>	<b>BLD/RM:</b>	<b>PI/Supervisor:</b>
<b>COMPLETED BY:</b>		<b>SIGNATURE:</b>

	Item	Yes	No	N/A	Comments (including any applicable follow-up)
PPE	Eye protection used?				
	Protective clothing used?				
	Gloves used?				
	Feet entirely covered?				
Emergency Response	Chemical spill kit available?				
	Area clean and free from spills?				
	Chemicals stored with secondary containment?				
	Eyewash station available and working?				
	Shower available and accessible?				
Egress / Fire	Aisles uncluttered and w/o tripping hazard?				
	Exitways free and unobstructed?				
	Fire extinguishers available and unobstructed?				
	Fire extinguisher types appropriate to hazards?				
Storage Practices	Less than 1 Quart acutely toxic hazardous waste?				
	Less than 55G hazardous waste?				
	Containers securely closed when not in use?				
	No containers compromised?				
	Containers properly labeled?				
	Flammables away from sources of ignition?				
	Chemicals stored at or below eye level?				
	Chemicals segregated/stored properly?				
	Glass bottles stored above or off of floor?				
	No inherently waste-like chemicals in storage?				
Waste is compatible with container?					

	Item	Yes	No	N/A	Comments (including any applicable follow-up)
Management Practices	Waste Disposal Guide Available?				
	Collection request forms submitted for chemical waste?				
	Are chemical wastes stored at or near the point of generation?				
	Is an area designated for hazardous waste storage?				
	Food/Drink forbidden in chemical areas?				
	Training requirements met?				
	Warning signs posted?				
	Peroxide formers dated when received and disposed of or tested after expiration?				
	No container dated?				