Monthly Short-Term Container Visual Assessment Form

Asset ID: _____ **Location:** _____ **Date:** _____

Facility ID: _____ **Storage Capacity:** _____ **Contents:** _____

Asset Description:

_____

[*] Designates an item in a non-conformance status. This indicates action required to address problem.

Item	Status		Comments
1.0 Tank Containment			
Drums within designated storage area	☐ Yes	☐ No*	
Debris, spills, or other fire hazard in containment or storage area?	☐ Yes*	☐ No	
Containment egress pathways clear and gates/doors operable?	☐ Yes	☐ No*	
Secondary containment/ground surface stained, discolored, or otherwise damaged?	☐ Yes*	☐ No	
2.0 Leak Detection			
Visible signs of leakage around the container, storage area, or ground surface?	☐ Yes*	☐ No	
3.0 Container			
Noticeable container distortions, buckling, denting, bulging, leaking, or other deterioration?	☐ Yes*	☐ No	

Deficiencies and corrective actions must be documented on this inspection form. All leaks must be immediately reported to the Environmental Compliance and Safety Officer.

Remarks: _____

_____

_____

_____

_____ _____

Signature (Inspector) Date Signature (Supervisor) Date

_____ _____

Print Name (Inspector) Print Name (Supervisor)

Monthly Spill Kit Assessment Form

Spill Kit Location: _____ **Date:** _____

Inspector Name: _____ **Signature:** _____

Item:	Unit	QTY Needed:	Date Replaced:
Contaminated Material Containers (Empty 55-Gallon Drums)	each		
Loose Absorbent Material	50 lb bag		
Absorbent Pads	Boxes		
Nitrile Gloves	Boxes		
Neoprene Gloves	Boxes		
Vinyl/PVC pull-on overboots	pair		
Non-Sparking Shovel	each		
Oil Resistant Broom (polypropylene fiber, or equivalent)	each		

Spill Kit Location: _____ **Date:** _____

Inspector Name: _____ **Signature:** _____

Item:	Unit	QTY Needed:	Date Replaced:
Contaminated Material Containers (Empty 55-Gallon Drums)	each		
Loose Absorbent Material	50 lb bag		
Absorbent Pads	Boxes		
Nitrile Gloves	Boxes		
Neoprene Gloves	Boxes		
Vinyl/PVC pull-on overboots	pair		
Non-Sparking Shovel	each		
Oil Resistant Broom (polypropylene fiber, or equivalent)	each		

Spill Kit Location: _____ **Date:** _____

Inspector Name: _____ **Signature:** _____

Item:	Unit	QTY Needed:	Date Replaced:
Contaminated Material Containers (Empty 55-Gallon Drums)	each		
Loose Absorbent Material	50 lb bag		
Absorbent Pads	Boxes		
Nitrile Gloves	Boxes		
Neoprene Gloves	Boxes		
Vinyl/PVC pull-on overboots	pair		
Non-Sparking Shovel	each		
Oil Resistant Broom (polypropylene fiber, or equivalent)	each		