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		

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