**MONTHLY DRUM INSPECTION CHECKLIST**

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Area: | Area: | Area: |
| Are the drums in the designated storage area and is there a clear pathway to the area? | YesNo | YesNo | YesNo |
| Is there any evidence of drum deterioration (rust, buckling, distortions, denting, or bulging)? If yes, specify below and replace drum. | YesNo | YesNo | YesNo |
| Is there any accumulation of water, oil, or debris in the storage area containment? | YesNoN/A | YesNoN/A | YesNoN/A |
| If the containment area has drain valves, are they operable and in a closed position? | YesNoN/A | YesNoN/A | YesNoN/A |
| Are there any conditions that may be fire, safety, or environmental hazards? | YesNo | YesNo | YesNo |
| Is there any evidence of a release or visible signs of leakage? | YesNo | YesNo | YesNo |
| Is a spill kit available? | YesNo | YesNo | YesNo |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any deficiencies noted during the inspection must be corrected as soon as possible. If there are any questions, call the Office of Environmental Health and Safety at 814/865-6391