

Hazard Communication Audit

Responsible Person/Hazcom Coordinator: _____ Date: _____

Rm/Building: _____

	Satisfactory	Need Improvement	N/A
Hazcom Plan			
1. HazCom Plan is readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HazCom Plan is reviewed annually and updated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Chemical Inventory is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Safety Data Sheets are available (electronic or hard copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Safety Data Sheets are GHS compliant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Safety Data Sheets are accessible to all employees using chemicals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Required DRS training is provided and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Unit-specific training is provided and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Operating procedures are available and effective for the work performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment			
1. Appropriate gloves are not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Eye/face protection is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Appropriate clothing protection is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Appropriate PPE for the hazards present are being worn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Respirator users have received annual approval, training, and fit-testing from Safety and Compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Controls			
1. Ventilation is adequate for the work performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Engineering controls are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Fume hood is used correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Engineering controls work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Equipment			
1. Safety shower is available and functional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety shower is not obstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Eyewash is available and functional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Eyewash is not obstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Eyewash is activated weekly and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Self-contained eyewash is properly maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Chemical spill kit is accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Chemical spill kit is stocked appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Fire extinguisher is checked monthly and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Fire extinguisher is not obstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. A sink for handwashing is present where hazardous materials are used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Storage			
1. Incompatible chemicals are not stored together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Chemicals are stored upright and safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Chemicals are stored in appropriate containers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Containers are appropriately labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Containers are closed when not in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Secondary containers are used when necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Total amount of flammables is within allowable limits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Bonding and grounding is used for bulk vessels (>4L).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Flammable liquids are not stored near open flames, heat, or ignition sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Flammable liquids are stored in refrigerators certified for flammable storage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Need Improvement	N/A
Waste Storage			
1. Hazardous waste containers are all in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous waste containers are not labeled properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous waste containers are closed when not in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Secondary containers for waste containers are used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Waste pickup is occurring regularly, and waste is not accumulating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sharps disposal containers are used correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressed Gases			
1. Gas cylinders are secured properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gas tubing, plumbing materials, or regulator do not pose a hazard (tripping, entanglement, condition, compatibility).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Gas cylinders and tubing are not stored near open flames, heat, or ignition sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Flammable and oxidizing gases are separated by a minimum of 20' or 5' non-combustible barrier (cinderblocks) with a 30-minute fire rating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The total number of flammable or oxidizing gas cylinders does not exceed the limit of three full-sized cylinders per 500 ft ² of room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Flammable or oxidizing gases in use are not stored next to exits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping			
1. No evidence of eating, drinking, or using cosmetics was found in a location with hazardous materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Work or storage areas are not cluttered or pose a hazard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Aisles and exit paths are at least 28" wide or have obstructions or trip hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storerooms			
1. Container labels are not removed or defaced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety Data Sheets received with shipments are kept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Safety Data Sheets are readily available to employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Required container leak or spill training is provided and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>