Satellite Accumulation Area: Monthly Inspection

	Building Number:	Building Name:	Room Number:
la sharekt sa	Inspector's Name:	Phone Number:	Year:

Instructions:

- 1. Use this form to inspect satellite accumulation areas.
- 2. Evaluate the satellite accumulation area during the inspection for breakage, odors, etc. and for items listed below to ensure safe storage conditions.
- 3. Record all corrective actions in the last space for items with a "No" answer; attach an additional sheet if necessary.
- 4. If the spill is more than 30 ml or if it escapes the secondary container, call EH&S at 325-0026 (after hours call emergency services or 911).

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Enter Inspection Date												
Is the area free from leaks and/or spills (Yes/No)												
Are incompatible chemicals segregated? (Y/N)												
Are all containers properly labeled? (Y/N)												
Are all containers closed? (Y/N)												
Are leak-proof secondary containers provided? (Y/N)												
After each inspection initial here												
Corrective Action:												