

PHF STORAGE INSPECTION CHECKLIST

Facility ID: MF-	Inspection Date:	Picture #:
Location:	Watershed:	
Contact:	Phone:	

Pesticides	<input type="checkbox"/> N/A
Number Stored (list each container/bag):	
List each type (name) and amount/quantity stored (gallons/pounds):	
Each Container/bag properly labeled including directions for use?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Material Safety Data Sheets (MSDS) current: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Material Safety Data Sheets (MSDS) easily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Access to Containers/bags restricted?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Containers/bags stored within secondary structures/containment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signs of any spills or leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spill response equipment/supplies stocked and readily available: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employees trained on proper handling: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Containers/bags are under roof or covered with water proof material: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, how many are exposed to rain?	
If No to any of the above questions, notify Facility's Supervisor	

Herbicides	<input type="checkbox"/> N/A
Number Stored (list each container/bag):	
List each type (name) and amount/quantity stored (gallons/pounds):	
Each Container/bag properly labeled including directions for use?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Material Safety Data Sheets (MSDS) current: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Material Safety Data Sheets (MSDS) easily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Access to Containers/bags restricted?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Containers/bags stored within secondary structures/containment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signs of any spills or leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spill response equipment/supplies stocked and readily available: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employees trained on proper handling: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Containers/bags are under roof or covered with water proof material: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, how many are exposed to rain?	
If No to any of the above questions, notify Facility's Supervisor for resolution	

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Fertilizers N/A

Number Stored (list each container/bag):
List each type (name) and amount/quantity stored (gallons/pounds):
Each Container/bag properly labeled including directions for use?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Material Safety Data Sheets (MSDS) current: <input type="checkbox"/> Yes <input type="checkbox"/> No
Material Safety Data Sheets (MSDS) easily accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No
Access to Containers/bags restricted?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Containers/bags stored within secondary structures/containment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Signs of any spills or leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No
Spill response equipment/supplies stocked and readily available: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employees trained on proper handling: <input type="checkbox"/> Yes <input type="checkbox"/> No
Containers/bags are under roof or covered with water proof material: <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, how many are exposed to rain?
If No to any of the above questions, notify Facility's Supervisor for resolution

General/Maintenance

Any signs of illegal discharge or illegal dumping? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, describe, report and initiate Illicit Discharge Investigation:
Trash or floatables present: <input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and waste products removed and properly disposed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Work areas, loading areas, storage areas neat and clean: <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to the first or second question or NO to the third or fourth questions above, notify Facility's Supervisor for resolution

Comments

Inspected By: