Format No.:

AREA / LOCATION:

Sr No	Checklist Points	1 st Week Date	2 nd Week Date	3 rd Week Date	4 th Week Date	Observations	
01	Chemicals, Paints materials, Thinners drums or any kindly of chemicals are covered properly?						
02	Is there cleaning or floors, walls, each corners of storage room?						
03	Empty drums and tins are storage properly for disposal? Marking on storage area? Disposal of the drums and tins are properly?						
04	Is there any electrical loose connection? All the electrical connections are flames / weather proof?						
05	During the observation smells of chemicals are observed? Any open drums or tin that smell comes?						
06	Chemical storage is rack wise? Incase of rack wise optimum qty is identified and same are followed?						
07	All the storage chemicals, paint materials, thinners or other liquid's M.S.D.S.(material Safety Data sheet) is available? Same are displayed on board?						
08	Fire Extinguishers are available? Easy accessible? Proper fire extinguisher is deployed?						
09	Sign boards for the chemical rooms? Warning boards? Cautions & instructions are deployed at in side of storage room and same are deployed at out side room at entry?						
10							
Spec	ial Remarks By Observer:	I		1	1		
Observer Signature:							