

The following checklist is a guide. It may be used in its entirety or be modified to the specific user's needs by adding or subtracting items from the checklist. For questions concerning any item, contact the Office of Environmental Health and Safety.

(23) HAZARD COMMUNICATION

Name: _____ Date : _____

Location of Inspection: _____

1. Is there a list of hazardous substances used in your workplace?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
2. Is there a written hazard communication program dealing with Material Safety Data Sheets (MSDS) labeling, and employee training?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____
3. Who is responsible for MSDSs, container labeling, employee training?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
4. Is each container for a hazardous substance (i.e. vats, bottles, storage tanks,) labeled with product identity and a hazard warning (communication of the specific health hazards and physical hazards)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____ _____
5. Is there a Material Safety Data Sheet readily available for each hazardous substance used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
6. How will you inform other employers whose employees share the same work area where the hazardous substances are used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____

7. Is there an employee training program for hazardous substances? Does this program include:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____
a. An explanation of what an MSDS is and how to use and obtain one?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
b. MSDS contents for each hazardous substance or class of substances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
c. Explanation of "Right to Know"?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
8. Identification of where employees can see the employer's written hazard communication program and where hazardous substances are present in their work area?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____
9. The physical and health hazards of substances in the work area, how to detect their presence, and specific protective measures to be used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
10. Details of the hazard communication program, including how to use the labeling system and MSDS's?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
11. How employees will be informed of hazards of non-routine tasks, and hazards of unlabeled pipes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____