

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.

(24) HAZARDOUS CHEMICAL EXPOSURES

Name: _____ Date : _____

Location of Inspection: _____

1. Are employees trained in the safe handling practices of hazardous chemicals such as acids, caustics, and the like?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
2. Are employees aware of the potential hazards involving various chemicals stored or used in the workplace--such as acids, bases, caustics, epoxies, phenols?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
3. Is employee exposure to chemicals kept within acceptable levels?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
4. Are eye wash fountains and safety showers provided in areas where corrosive chemicals are handled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
5. Are all containers, such as vats and storage tanks labeled as to their contents--e.g. "CAUSTICS" ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
6. Are all employees required to use personal protective clothing and equipment when handling chemicals (i.e. gloves, eye protection, and respirators)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____

<p>7. Are flammable or toxic chemicals kept in closed containers when not in use?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>8. Are chemical piping systems clearly marked as to their content?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>9. Where corrosive liquids are frequently handled in open containers or drawn from storage vessels or pipe lines, is adequate means readily available for neutralizing or disposing of spills or overflows properly and safely?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____ _____</p>
<p>10. Have standard operating procedures been established and are they being followed when cleaning up chemical spills?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>11. Where needed for emergency use, are respirators stored in a convenient, clean and sanitary location?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>12. Are respirators intended for emergency use adequate for the various uses for which they may be needed?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>13. Are employees prohibited from eating in areas where hazardous chemicals are present?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>14. Is personal protective equipment provided, used, and maintained whenever necessary?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>

<p>15. Are there written standard operating procedures for the selection and use of respirators where needed?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>16. If you have a respirator protection program, are your employees instructed on the correct usage and limitations of the respirators?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>17. Are the respirators NIOSH approved for this particular application?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>18. Are they regularly inspected and cleaned sanitized and maintained?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>19. If hazardous substances are used in your processes, do you have a medical or biological monitoring system in operation?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>20. Are you familiar with the Threshold Limit Values or Permissible Exposure Limits of airborne contaminants and physical agents used in your workplace?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>21. Have control procedures been instituted for hazardous materials, where appropriate, such as respirators, ventilation systems, handling practices, and the like?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>22. Whenever possible, are hazardous substances handled in properly designed and exhausted booths or similar locations?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>

<p>23. Do you use general dilution or local exhaust ventilation systems to control dusts, vapors, gases, fumes, smoke, solvents or mists which may be generated in your workplace?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>24. Is ventilation equipment provided for removal of contaminants from such operations as production grinding, buffing, spray painting, and/or vapor decreasing, and is it operating properly?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>25. Do employees complain about dizziness, headaches, nausea, irritation, or other factors of discomfort when they use solvents or other chemicals?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>26. Is there a dermatitis problem--do employees complain about skin dryness, irritation, or sensitization?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>27. Have you considered the use of an industrial hygienist or environmental health specialist to evaluate your operation?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>28. If internal combustion engines are used, is carbon monoxide kept within acceptable levels?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>29. Is vacuuming used, rather than blowing or sweeping dusts whenever possible for clean-up?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>30. Are materials that give off toxic asphyxiate, suffocating or anesthetic fumes, stored in remote or isolated locations when not in use?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>