

Spill Kit Inspection Form

Room:

PI/Supervisor/Program Name:

Indicate if the item is present with a check mark. If the item is not functional or not present, replace it. When finished, date and sign to indicate the inspection was complete.

Item	Date									
Disposable nitrile gloves										
Chemical resistant gloves										
Spill X-Acid										
Spill X-Caustic										
Spill X-Solvent										
Ziploc bags										
Indelible marker										
Bench broom or scraper										
Dustpan										
Safety glasses										

If items are missing, are broken, or need to be added to the inventory due to changes in room use, indicate this in the comments section:

Name	Date	Comment