CBARS AUDIT CHECK LIST

Date: _____

Building: _____ Room Number: _____

Facility HM Supervisor: _____

Hazardous Material Manager: _____

		Yes	No
I.	Documentation		
a.	Updated quarterly inventory	( )	( )
b.	All necessary information on inventory	( )	( )
c.	All chemicals with inventory life	( )	( )
d.	All chemicals within shelf life	( )	( )
e.	Authorized Users list posted	( )	( )
f.	Documentation of attendance at CBARS training session	( )	( )
g.	MSDS on file in appropriate location	( )	( )
II.	Original Containers		
a.	Life tagged with require information	( )	( )
b.	Containers in good condition	( )	( )
c.	Have appropriate caps or lids	( )	( )
d.	Items in compatible storage	( )	( )
e.	Shipping containers in good condition	( )	( )
f.	Labeled with correct chemical name	( )	( )
III.	Working Containers		
a.	Labeled as to contents	( )	( )
b.	Container has protective covering	( )	( )
IV.	Waste Containers		
a.	Cap securely attached	( )	( )
b.	Accumulation start date (m/d&) present	( )	( )
c.	Labeled appropriately as to contents	( )	( )
d.	Maintained within allowed time period	( )	( )
e.	Container in good condition	( )	( )
f.	Waste compatible with container	( )	( )
V.	Miscellaneous		
a.	P listed empty containers on waste pickup request form	( )	( )
b.	Refrigerators (Chemical Storage Areas) do not contain food	( )	( )
c.	Onlyauthorizedmaterialsinlab	( )	( )
d.	Approved protocols being adhered to	( )	( )

Inspector _____ End Date _____
(Signature)

Comments: _____

_____

Name: _____ Date: _____