

Inspection Date	Name of Inspecting Person (Print)	Spill Kit Failings / Notes	Spill Kit	
Inspection Time	Spill Kit Location		O.K. <input type="checkbox"/>	Requires Service <input type="checkbox"/>
				As necessary <input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absorbent Pads Present	Absorbent Booms Present	Disposable Bags Present	Powder Absorbent Present	Disposable Gloves Present	Shop Towels Present	Spill Kit Safety Guide Present	Safety Glasses Present	Is Kit Clean and in Good Condition?	Is Kit Easily Accessible?	Is Kit Properly Located in Facility?

**MONTHLY INSPECTION**

**SPILL KIT SAFETY CHECKLIST**

- Mark '  ' in Inspection Boxes if OK
- Mark ' X ' in every box requiring attention
- Mark ' N/A ' in any box not applicable

Signature of Inspecting Person
Job Title of Inspecting Person