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| Inspection Check List for Condition of Barrels |
| Date & time of Inspection: Location of Inspection: |
| Inspected by (Name of Safety Personal): Name of Execution Person: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Check points** | **Yes/**  **No** | **Corrective Action Required** | **Action By** | **Due Date** | **Status** |
| 1 | Are the Barrels grouped by type of Materials at temporary storage? |  |  |  |  |  |
| 2 | Are “No Smoking” signs posted at Barrels storage areas? |  |  |  |  |  |
| 3 | Are Flammable material Barrels segregated in storage area? |  |  |  |  |  |
| 4 | Are full and empty Barrels stored separately away from sunlight and marked with “full” and “empty” signs? |  |  |  |  |  |
| 5 | Are Flammable material Barrels stored away from source of ignition? |  |  |  |  |  |
| 6 | Are Barrels stored upright and secured in place? |  |  |  |  |  |
| 7 | Are Proper Spill containment, Collection& disposal arrangements are in place? |  |  |  |  |  |
| 8 | Are MSDS of the materials are stored in the drum is in place? |  |  |  |  |  |
| 9 | Are Barrels free from Dent / Damage |  |  |  |  |  |
| 10 | Are Suitable Fire Extinguisher is in place? |  |  |  |  |  |

Checked By ………………………………………………………………..…Date……………….……………

Signature

HSE Officer Superintendent /Foreman