MONTHLY ENVIRONMENTAL AUDIT

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| --- | --- |
| Date/Time: | Location: |
| Auditor: | Audi tees : |

1. **Materials department**

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| **S. No.** | **Observations** | **Yes/No/N/A** | **Comments** | **Action By** | **Target Date** |
| 1 | Is Housekeeping in stores / warehouse area satisfactory? |  |  |  |  |
| 2 | Is Sign boards provided on the chemical storage containers? |  |  |  |  |
| 3 | Is MSDS for all chemicals available? |  |  |  |  |
| 4 | Is waste disposal consignment copy available for all waste? |  |  |  |  |
| 5 | Is Diesel tank area free of spillage? |  |  |  |  |
| 6 | Is there any waste segregation at yard & sign boards placed? |  |  |  |  |

1. **Maintenance Yard**

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| **S. No.** | **Observations** | **Yes/No/N/A** | **Comments** | **Action By** | **Target Date** |
| 1 | Is Housekeeping at maintenance workshop satisfactory? |  |  |  |  |
| 2 | Is MSDS for the oil used at workshop is available? |  |  |  |  |
| 3 | Is waste oil stored properly at a designated place and sign boards provided? |  |  |  |  |
| 4 | Is diesel storage area and diesel generators area free of diesel spillage? |  |  |  |  |
| 5 | Is Sign boards indicating high noise zone at generator yard? |  |  |  |  |
| 6 | Is yard ablutions cleaned well? |  |  |  |  |

1. **Accommodation Area/Kitchen** (**Camp**)

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| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Observations** | **Yes/No/N/A** | **Comments** | **Action By** | **Target Date** |
| 1 | Are dust bins provided at kitchens, mess halls & accommodation rooms? |  |  |  |  |
| 2 | Are these bins emptied every day? |  |  |  |  |
| 3 | Is garbage disposed off at designated area? |  |  |  |  |
| 4 | Is regular house keeping is being carried out? |  |  |  |  |
| 5 | Is condition of water filter is ok? |  |  |  |  |
| 6 | Is unloading area free of water stagnation? |  |  |  |  |
| 7 | Is worker’s ablutions cleaned well? |  |  |  |  |
| 8 | Is designated smoking area provided at camp? |  |  |  |  |
| 9 | Is pest control doing periodically? |  |  |  |  |
| 10 | All the catering crew hygiene condition satisfactory? |  |  |  |  |
| 11 | Is fogging doing regularly? |  |  |  |  |

1. **STP** **/Ablution Area**

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| **Sl. No.** | **Observations** | **Yes/No/N/A** | **Comments** | **Action By** | **Target Date** |
| 1 | Is STP Control room & machineries clean? |  |  |  |  |
| 2 | All the inspections carried out as per inspection log sheet? |  |  |  |  |
| 3 | Is STP functioning well? |  |  |  |  |
| 4 | Is STP control room free of spillage/free of overflow of chemicals? |  |  |  |  |
| 5 | Are ablutions cleaning daily and maintaining well? |  |  |  |  |
| 6 | Is underneath Ablution and surroundings are free of leakage? |  |  |  |  |
| 7 | Is housekeeping satisfactory at STP/Ablution? |  |  |  |  |

**Additional Comments:**

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| **Sl. No.** | **Observation / Location** | **Action to be taken** | **Action By** | **Target Date** |
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Signature of Auditor