



Chemical Investigation Form

(INSTRUCTIONS: All boxes must be checked for response, Click to initiate a check mark if N/A or discrepancies leave blank fill comment)
This form is to keep inventory of chemicals in Douglas County facilities and keep SDS current.

Departmental Information:			
Department: _____		Depart. # : _____	Inspected By: _____
<input type="checkbox"/> Initial Report <input type="checkbox"/> Follow-Up		Location: _____	
Date: ___/___/___		Time: ___:___ am <input type="checkbox"/> pm <input type="checkbox"/>	Page _____ of _____
<i>Chemicals: Please check the appropriate box for all chemicals in storage. If any are in questionable containers/conditions please make a note in the Comments/Conditions section below. If over 119 gallons please note the quantity.</i>			
<input type="checkbox"/> Aerosol Spray Cleaner	<input type="checkbox"/> Chemical Fertilizers	<input type="checkbox"/> Formaldehyde	<input type="checkbox"/> Other Petroleum related products
<input type="checkbox"/> Air freshener Sprays	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Pesticides
<input type="checkbox"/> Ammonia	<input type="checkbox"/> Crude Oil	<input type="checkbox"/> Gasoline	Other : _____
<input type="checkbox"/> Antifreeze	<input type="checkbox"/> Degreaser Products	<input type="checkbox"/> Lye	_____
<input type="checkbox"/> Bleach	<input type="checkbox"/> Diesel Fuel	<input type="checkbox"/> Oil Mixed with Wastes	_____
<input type="checkbox"/> Borax	<input type="checkbox"/> Engine Oil or other lubricating oil sludge	<input type="checkbox"/> Oil Refuse	
1. Are all SDS (MSDS) current and easily accessible?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are there eyewash stations near chemicals?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are all eyewash stations in good condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Check Metal containers for deterioration?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments / Conditions: (The text box below is Auto- font and will handle a total of 400 characters)

Fire Cabinet

Please check the appropriate box for any chemicals in the Fire Cabinet. If any are in questionable containers/conditions please make a note in the Comments / Conditions section below.

<input type="checkbox"/> Adhesives	<input type="checkbox"/> Paints	<input type="checkbox"/> Spray Paints	<input type="checkbox"/> Thinners
<input type="checkbox"/> Fuels	<input type="checkbox"/> Solvents	<input type="checkbox"/> Other: _____.	

Comments / Conditions: (The text box below is Auto-font and will hold 400 characters)

Georgia Poison Control Emergency Hotline 1-800-222-1222

*Please attach any additional pictures, diagrams or statements
Submit Report to the Office of Risk & Safety.*