**Environmental Hazards Emergency Response Plan**

**Facility Annual Self-Audit**

Location:

Date: Inspector:

| **Item** | **Y/N/NA** | **Comments** |
| --- | --- | --- |
| Has Facility Plan chapter been reviewed?* If there are corrections or revisions please provide them to EHS with this audit. These include changes in personnel, new equipment, etc.
 |  |  |
| Are all storage containers in good condition and compatible with the materials stored? |  |  |
| Are the inspection and monitoring requirements being performed as required in the Plan?  |  |  |
| Did you conduct, or arrange for annual training to be conducted at your facility? |  |  |
| Has everyone at the facility who handles oil/hazardous materials or might be required to respond to a spill been trained? |  |  |
| Are there copies of the training records?  |  |  |
| Have there been any spills/releases in the past year? |  |  |
| Were all releases (except nuisance spills) reported to EHS? |  |  |
| Were all spills documented using the incident documentation form and investigated using the post-incident investigation form (Appendices E and F)? |  |  |
| Is all emergency equipment present and in good condition? |  |  |
| Do you have a process to ensure that all employees and students who handle chemicals/chemical waste or supervise those individuals have received initial and annual refresher training on “Chemical and Chemical Waste Handling” and is this being followed? |  |  |
| Do you have a process to ensure that an updated listing of satellite accumulation areas is maintained and that a copy is forwarded to EHS annually? Is this process being followed? |  |  |
| Do you and the appropriate supervisor know where the training records, self-audits, and satellite accumulation area locations are kept? (Note: it is important that all of these records also be maintained centrally) |  |  |
| Do you have a process to ensure that waste materials from all sources, including labs, maintenance facilities and housing facilities, are disposed of in accordance with SY20? Is this process being followed? (Note: this includes no drain disposal of chemicals, no use of waste oil for dust control) |  |  |
| Do you, appropriate supervisors and employees know where the latest version of the plan is located and have ready access to it? |  |  |

Facility Manager Printed Name Facility Manager Signature and Date