

Attachment A*

Area/Room: _____
List Chemicals Stored in Area: _____

List the Volume of the Largest Container in Area: _____

Are there open floor drains or sewer connections in this area? _____

List spill control measures in place: _____

List capacity of spill containment area(s). Please note, the capacity of the containment area must be a minimum of 110% the volume of the largest container.

Detail how a spill would be contained during working hours. _____

Detail how a spill would be contained during non-working hours. _____

How will spills from this area be cleaned up and disposed? _____

If currently there are no spill containment measures in this area, detail proposed measures to provide spill containment for chemicals and solutions in this area and the timeframe necessary to implement these measures.

* Please make additional copies of this attachment for all areas of your facility.