



Site Assessment

Doc # SA1001, March 26, 2009

How to Use:

Complete this form and FAX to EnviroGuard @ 909-624-1772 for a FREE analysis and compliance consultation. For more information go to www.EGSintl.com or email salesinfo@egsintl.com.

Contact Info:

Company Name: _____ Date: _____

Host Name: _____

Facility Manager: _____

Prepared by: _____

Address: _____

Phone Number: _____

Pre-Assessment:

| | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you have an inventory of batteries stored at the facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a facility (Battery Room) lay-out map? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a Spill Plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a designated Spill Response Team? | <input type="checkbox"/> | <input type="checkbox"/> |

What is their training level? _____

5. Does the facility have a history of spill occurrences? Yes No

If yes, describe the spill: _____

Cause of spill: _____

Volume: _____

Neutralizing/Sorbents used: _____

Other comments or notes: _____



Site Assessment:

1. Eyewash

Manufacturer: _____ Model Number: _____

Type: Plumbed Shower/Eyewash _____ Plumbed Eyewash _____ Portable Eyewash _____

Date of Installation: _____

Rust or Corrosion Present?: Y N If Yes, Location of Rust: _____

Any Leakage: Y N If Yes, Location of leakage: _____

Condition of Liquid (contents): _____

Color/ Particulars Present: _____

Condition of Heads: _____

Condition of Valves: _____

Overall Condition: _____

2. Ventilation

Direct/ Duct to outside: _____

Number of vents: _____ Size: _____

Number of Fans: _____

Make: _____

Model Number: _____

Power Requirements: _____

How Activated: Temperature/Smoke: _____

Cubic Feet per Minute: _____

Location(s): _____

Overall Condition of Fans: _____

3. Hydrogen Gas Monitor

Number of Hydrogen Monitors: _____ Number of sensors on each monitor: _____



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Make: _____ Model Number: _____

Last Date Calibrated: _____ Date Due: _____

Location of Sensors in Room: _____

Location of Monitor: _____

4. Rack

Make: _____ Model Number: _____

Size: _____ Seismic Rating: _____

Location in Room: _____

Condition: _____

| | Yes | No |
|--------------------|--------------------------|--------------------------|
| Rust Present: | <input type="checkbox"/> | <input type="checkbox"/> |
| Corrosion Present: | <input type="checkbox"/> | <input type="checkbox"/> |
| Bolts Torque: | <input type="checkbox"/> | <input type="checkbox"/> |

5. Battery Condition

Flooded or Sealed: _____ Number of Cells: _____

Make: _____ Model Number: _____

Overall Condition:

Post Seal Leaks Present: _____

Corrosion Present in Inter-cell Connectors/ Posts: _____

Connector Covers Present: _____

Electrolyte Levels: _____

Cracks in Jar: _____

Jar to Cover Seal Integrity: _____

6. Floor Condition

Type of Substrate (Cement/ Tile/ Computer Floor): _____

Cracks Present: Y N Location and Size of Cracks: _____

Floor Sealed: _____ Type of Sealant: _____

7. Personal Protection/ Clean-up kit

| | Yes | No |
|--------|--------------------------|--------------------------|
| Apron: | <input type="checkbox"/> | <input type="checkbox"/> |



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Quantity: _____

Gloves:

Quantity: _____

Face Shield:

Quantity: _____

Goggles:

Quantity: _____

Tyvex Coveralls:

Quantity: _____

Overall Condition of Equipment: _____

How are Supplies Being Stored? Cabinet/ DOT Container: _____

8. Neutralization

Type: _____

Condition: _____

Location: _____

Pillows/ Bulk: _____

9. Signage

| | Yes | No |
|--|--------------------------|--------------------------|
| Battery Room: | <input type="checkbox"/> | <input type="checkbox"/> |
| Chemical Hazard Identification System: | <input type="checkbox"/> | <input type="checkbox"/> |
| High Voltage: | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye Wash: | <input type="checkbox"/> | <input type="checkbox"/> |
| Hazardous Area: | <input type="checkbox"/> | <input type="checkbox"/> |
| No Smoking: | <input type="checkbox"/> | <input type="checkbox"/> |

Condition: _____

Location of Each: _____

10. Aisle Matting

Type: _____

Condition: _____



Location: _____

11. Containment System Present

Make: _____

Type: Plastic/ Metal/ Concrete/ Pit, _____

Liquid Tight: _____

Anchors around rack sealed: _____

Bolted or Adhered to the Floor: _____

Condition of Corners: _____

Overall Condition/ Description: _____

12. Topography

- | | | | |
|--------------|--------------------------------|---------------------------------|-----------------------------------|
| Floor Drains | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Floor Slope | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Exit Impact | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Impact Type | <input type="checkbox"/> Sewer | <input type="checkbox"/> Ground | <input type="checkbox"/> Waterway |

13. Lighting

Description: _____

14. Access To Room

Description: _____

15. Other Observations
