



# 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](http://www.EGSintl.com) or email [salesinfo@egsintl.com](mailto: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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_