

**ACTON BOARD OF HEALTH
ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER**

Facility Name: Aqua Man
 Type of Business: Pool chemicals
 Address: Great Rd.
 Telephone: _____
 Contact Person: Dave Williams

D.H.
9/22/08

Housekeeping:

Is area clean:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are spills present:	<input type="radio"/> yes	<input checked="" type="radio"/> no
Is there appropriate storage of materials:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are materials and wastes kept separate:	<input type="radio"/> yes	<input type="radio"/> no
Are spill cleanup materials available:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Materials have secondary containment:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are materials and wastes labeled:	<input checked="" type="radio"/> yes	<input type="radio"/> no

no waste generated.

Safety:

Are MSDSs available on site:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Is employee personal protective equipment available on site:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are employees trained in hazardous materials handling:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are emergency procedures posted:	<input type="radio"/> yes	<input type="radio"/> no

Site Management:

Are wastes removed by a licensed hauler:	yes	<input type="radio"/> no
Are floor drains present in any area with hazardous materials or waste:	yes	<input checked="" type="radio"/> no
Are sinks present in any area with hazardous materials or waste:	yes	<input checked="" type="radio"/> no
Is testing of septic system necessary:	yes	<input checked="" type="radio"/> no
Does site plan on file reflect current arrangement:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Any UST (underground storage tank) present:	yes	<input checked="" type="radio"/> no
If UST present, is it alarmed:	yes	<input type="radio"/> no

n/a

waste generated

Action Items

Reinspection required? Yes No Reinspection Date: _____

[Signature]
 Representative Signature/Date

[Signature]
 Inspector Signature/Date