

Inspection Information	,			
Date:		Kit location:		
Inspection done by:		Signature:		
Kit Contents	Type (if applicable)	Quantity	Acceptable	Restock
Booms				
Socks				
Mat pads				
Pillows				
Loose absorbent				
Wipers				
Temporary disposal bags				
Shovels				
Brooms				
Dust Pan				
Safety goggles				
Chemical-resistant gloves				
Splash aprons or suits				
Overshoes or booties				
Respirators				
Patch and repair tools				
Neutralizers				
Other items:				
Condition of Absorbents			Yes	No
Are any of the absorbents brittle, flakey or odd-smelling?				
Do any of the socks or pillows have thinning skins?				
Condition of PPE and Other Response Items			Yes	No
Are any PPE items brittle, discolored or otherwise degraded?				
Are all other items in good cond	dition?			
Spill Kit Readiness			Yes	No
Is the spill kit container clean?				
Is the spill kit clearly marked, unobstructed and visible?				
Is the kit stored in a dry location or in a weather-resistant container?				
List Any Corrective Actions N	leeded			
Manager or supervisor:		Signature:		

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