

**Massachusetts Department Of Environmental Protection
Drinking Water Program**

CHEMICAL DELIVERY INSPECTION FORM
CHEMICAL NAME _____

DATE: _____ TIME: _____ FACILITY: _____

RECEIVED BY: _____ STORAGE TANK TO RECEIVE DELIVERY: _____

| | | BILL OF LADING | CERTIFICATE OF ANALYSIS | NOTES |
|---|-----------------------|----------------|-------------------------|---|
| 1 | SUPPLIER/ SHIPPER | | | Should be Company Name |
| 2 | CHEMICAL NAME | | | For Example: Sodium Hypochlorite solution or any synonym |
| 3 | CHEMICAL ID# | | | For Example: For Sodium Hypochlorite, should be UN# 1791 |
| 4 | ESTIMATED QUANTITY | | | NOTE: QUANTITIES ON VENDOR PAPERWORK ARE ESTIMATES; scale weights are most accurate. |
| 5 | DRIVER'S NAME | | | Verify that the driver has initialed the Cert. of Analysis or Bill or Lading |
| 6 | MANUF'S LAB SIGNATURE | | | Verify signature is present on the Certificate of Analysis |
| 7 | TRAILER # | | | Verify the trailer # on the paperwork is the same as the number on the trailer at the facility. |

Note: If you answer NO to any of the following questions, contact a Supervisor immediately.

1. WAS THE DELIVERY PREVIOUSLY SCHEDULED? _____(Y or N)
2. DID THE DRIVER ARRIVE IN THE EXPECTED DELIVERY WINDOW? _____(Y or N)
3. DO YOU RECOGNIZE THE DRIVER? _____(Y or N)
4. IS THE DRIVER'S CDL CURRENT? _____(Y or N)
5. IS THE TANK TRUCK MARKED WITH THE CORRECT DOT UN#? _____(Y or N)
6. DOES THE DOCUMENTATION REFERENCE THE CORRECT DOT UN# AND CHEMICAL NAME? _____(Y or N)
7. IS TANK TRUCK FROM THE PROPER COMPANY? _____(Y or N)
8. DOES THE TRAILER NUMBER MATCH WHAT IS EXPECTED? _____(Y or N)
9. IS THE QUANTITY APPROPRIATE? _____(Y or N)