



# The Commonwealth of Massachusetts

## DEPARTMENT OF FIRE SERVICES

527 CMR1.00 Section 60.8 "Processing of Hazardous Materials"

### Fire Department Inspector's Checklist I



FP-310  
(Rev. 01/135)

#### Company Information:

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

#### Conferred With:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

#### Category 2 (vessel size 2.5 gallons to 60 gallons):

- Yes  No The facility demonstrates compliance with OSHA 1910.1200 (information concerning hazards of chemicals in use (their hazards) is transmitted to employers and employees) and OSHA 1910.1450 (a policy to limit employee exposure to the specific permissible exposure limit shall apply for laboratories including prohibition of eye and skin contact where specified by any OSHA health standard shall be observed.)
- Yes  No The facility has an emergency plan and has submitted it in accordance with 527 CMR 1.00 Section 60.8

#### Category 3 (vessel size >60 gallons to <= 300 gallons or is an H occupancy under 780 CMR):

- Yes  No Facility can demonstrate compliance with Category 1 and Category 2 as applicable.
- Yes  No A category 3 evaluation has been completed, and reviewed. Any changes or recommendations have been completed or a timeline agreeable to the Chief has been submitted.
- Yes  No The facility has a person responsible for management of change and a policy in place to ensure proper review prior to any process modification or change.
- Yes  No The facility has an emergency plan and has submitted it in accordance with 527 CMR 1.00 Section 60.8

#### Category 4 (vessel size >300 gallons to <= meeting OSHA PSM requirements):

- Yes  No A category 4 limited safety program has been completed and reviewed. Any changes or recommendations have been completed or a timeline agreeable to the Chief has been submitted.
- Yes  No The facility has a person responsible for management of change and a policy in place to ensure proper review prior to any process modification or change. Said person's name \_\_\_\_\_
- Yes  No The facility has an emergency plan and has submitted it in accordance with 527 CMR 1.00 Section 60.8

#### Category 5 (covered by OSHA 1910.119 "Process Safety Management of Highly Hazardous Chemicals or EPA RMP 40 CFR Part 68):

##### OSHA 1910.119 Process Safety Management of Highly Hazardous Chemicals

- Yes  No Facility has an emergency plan and has submitted it in accordance with 527 CMR 1.00 Section 60.8
- Yes  No Facility can demonstrate compliance by having the following available for review: process safety information, process safety hazard analysis, information on shutdown procedures, training, maintenance requirements, and who is responsible to sign off on and oversee management of change.

Person responsible for managing change at the facility: \_\_\_\_\_

##### EPA Part 68 CAA Section 112(r)(7) RMP - "Risk Management Programs"

- Yes  No The A Risk Management Plan that describes in reasonable detail the activities listed below

Facility can demonstrate compliance by having the following available for review: off-site consequence analysis (evaluation of worst credible case release scenario), prevention programs to manage risk.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

Person responsible for Management System (e.g., development and submission of RMP to EPA, review and updating of the plan at no more than 5 year intervals)?

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

#### Inspector Information:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_