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


☐ 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: ________________