

Formaldehyde Program Semi-Annual Workplace Inspection Form

The purpose of this form is to document the semi-annual workplace inspections where formaldehyde exposures are above the action level. This is conducted in accordance with the University of Louisville's Formaldehyde Exposure Control Plan in compliance with 29 CFR 1910.1048.

Visually inspect regulated areas to detect for leaks and spills. Record observations below:

| Items to Verify | Yes | No |
|---|--------------------------|--------------------------|
| Proper signage is posted to all entrances to regulated areas | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhaust ventilation is operating properly | <input type="checkbox"/> | <input type="checkbox"/> |
| Monitoring has been completed | <input type="checkbox"/> | <input type="checkbox"/> |
| Monitored employees have been notified of exposure results. Verify signed document. | <input type="checkbox"/> | <input type="checkbox"/> |
| Spill kits and cleanup materials are present | <input type="checkbox"/> | <input type="checkbox"/> |

| Corrective Actions | Assigned To | Complete |
|--------------------|-------------|----------|
| | | |

Inspection completed by:

Name and Title:

Signature:

Date:

Building and Location:

Name and Title:

Signature:

Date:

Building and Location: