Peter's Expediting Limited
PO Box 13 Baker Lake, NU X0C 0A0 867-793-2703

Contaminated Goods Storage Inspection Form

Peter's Expediting Ltd.

Location / Facility: _____
Inspection Date: ____ / ____ / _____
Inspector Name: _____
Inspection Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Other: _____

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1. Storage Area Identification

Area / Room	Description	Contaminated Material Type	Containment Method	Segregation in Place (Y/N)

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2. Storage Conditions

Inspection Point	Acceptable Standard	Observation	Compliant (Y/N)	Corrective Action Required
Storage area is clearly labeled "Contaminated Goods"	Signage visible, legible			
Access restricted to authorized personnel only	Lock/signage present			
Storage area is clean and free of spills/leaks	No visible contamination			
Secondary containment in place	Bunds, trays, or liners intact			
Temperature/humidity (if applicable) within limits	Recorded within range			
Containers sealed and in good condition	No damage or corrosion			

Inspection Point	Acceptable Standard	Observation	Compliant (Y/N)	Corrective Action Required
Segregation from non-contaminated goods	Physical separation/barrier			

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3. Documentation & Labelling

Item	Standard	Observation	Compliant (Y/N)	Corrective Action
All items labeled as “Contaminated” or “Quarantined”	Labels intact, legible			
Labels include date and reason for contamination	Information complete			
Inventory list matches actual items in storage	No discrepancies			

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4. Safety & Housekeeping

Item	Standard	Observation	Compliant (Y/N)	Corrective Action
PPE available and used correctly	Gloves, masks, etc.			
Spill kits accessible and stocked	Within 10m of area			
Emergency exits unobstructed	Clear pathways			
Fire extinguishers accessible and inspected	Tag valid			

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5. Corrective Actions / Comments

Observation Reference	Description of Issue	Responsible Person	Action Due Date	Completion Date	Verified By

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6. Inspector's Declaration

I confirm that the above inspection was conducted in accordance with company procedures and any nonconformities have been recorded for corrective action.

Inspector Signature: _____
Date: ____ / ____ / _____