



BULK PRODUCT DELIVERY CHECKLIST

Customer name: _____

Name and address of delivery location: _____

City: _____ State: _____ Zip: _____

Main telephone: _____ Night telephone: _____

Receiving manager: _____ Safety manager: _____

Q/A manager: _____ Emergency contact: _____

Is product SDS available? Yes / No

Is product identity marked on each tank? Yes / No

Is line hook-up identified? Yes / No

Is there a gauge on the tank? Yes / No

Is fill gauge in view of the driver while unloading? Yes / No

Size and length of hose required: _____

Type and size of fittings required: _____

Is compressor required? Yes / No

Is compressed air regulated? Yes / No

Is pump required? Yes / No

Does customer supply pump? Yes / No

Safety unloading

Eye wash available? Yes / No

Safety showers available? Yes / No

Will safety shower provide 15 minutes or more? Yes / No

How far is safety equipment from unloading site? _____

Does site have personnel assigned to the assist unloading? Yes / No

Does customer stay during unloading? Yes / No

Safety equipment required by truck driver

Safety shoes Yes / No Gloves Yes / No

Hard hat Yes / No Face shield Yes / No

Chemical resistant rubber jacket Yes / No Chemical goggles Yes / No

Chemical resistant pants Yes / No Safety glasses Yes / No

Chemical resistant boots Yes / No

Other: _____

Other special instructions: _____
