



HOUSEKEEPING AND SANITATION SAFETY CHECKLIST

Ref.


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Company Name:	
Address of Worksite	
Supervisor:	
Date:	Time:
Inspector:	
Signature:	

SR.	DESCRIPTION	YES	NO	NA	COMMENTS
1.1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2.	Are work area(s) generally neat and clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3.	Is waste and trash regularly disposed of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4.	Are passageways and walkways clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5.	Is the work area well lighted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.6.	Are waste containers provided and used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.7.	Are sanitary facilities adequate and clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.8.	Is there an adequate potable water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9.	Are there adequate drinking cups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10.	Have nails, boards, and debris been removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.11.	Are eye-flushing facilities available?				

Where the question is applicable and response is 'NO' do not proceed with work.

Completed by:	Position:	Signatures:	Date:

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