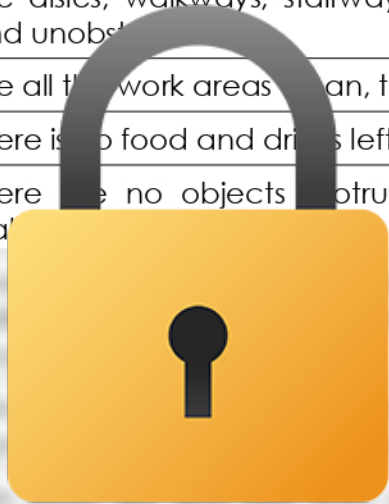


HOUSEKEEPING INSPECTION CHECKLIST

Workplace:		Inspected By:		Date:	
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Checklist		Compliance			Actions Required / Comments	Actions Required By (Responsible Person)	Date Required
1.	Are aisles, walkways, stairways and exits all clear and unobstructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
2.	Are all the work areas clean, tidy and clutter-free?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
3.	There is no food and drinks left in the work areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
4.	There are no objects protruding from aisles and walkways?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
5.	Are all fire exits clear and unobstructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
6.	Are fire extinguishers accessible and not blocked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
7.	Are fire exits clear and unobstructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
8.	Are fire exits clear and unobstructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
9.	Are fire exits clear and unobstructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
10.	Are fire exits clear and unobstructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



SAMPLE

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Checklist		Compliance			Actions Required / Comments	Actions Required By (Responsible Person)	Date Required
11.	Are cords, cables and hoses bundled up neatly when not in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
12.	Are machine and equipment guards in place and secure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
13.	Are tools in good condition and in their designated location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



SAMPLE

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Checklist		Compliance			Actions Required / Comments	Actions Required By (Responsible Person)	Date Required
21.	Is combustible waste appropriately disposed of (e.g. oily rags are disposed of in closed metal waste bins).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
22.	Is waste (including hazardous waste) collected regularly so that there is no unnecessary accumulation of waste.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
23.	Is waste storage available and secure, and is the location clearly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
24.	Is the waste transfer and transport records maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



SAMPLE

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Inspection	Comments