

Workplace Housekeeping Inspection Checklist

Date of Inspection:

Inspected By:

Location/Area:

Checklist

Item	Yes	No	Comments / Actions Required
Floors are free from slip/trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Walkways and aisles are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency exits are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Waste is disposed of properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Materials and equipment are stored safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Spills are cleaned promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Personal Protective Equipment available/used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Comments / Actions Required

Inspector's Signature:

Date:

Supervisor's Signature:

Date: