

# Empty Container Cleanliness Assessment Form

Date:

Inspector Name:

Container Number:

Location:

Checklist Item	Pass	Fail	Remarks
Container interior free from dirt/debris	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Odor-free container	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
No visible stains/residue	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
No pest infestation	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Container is dry (no moisture/water)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Container is free from hazardous substances	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Additional Comments:

Inspector's Signature: