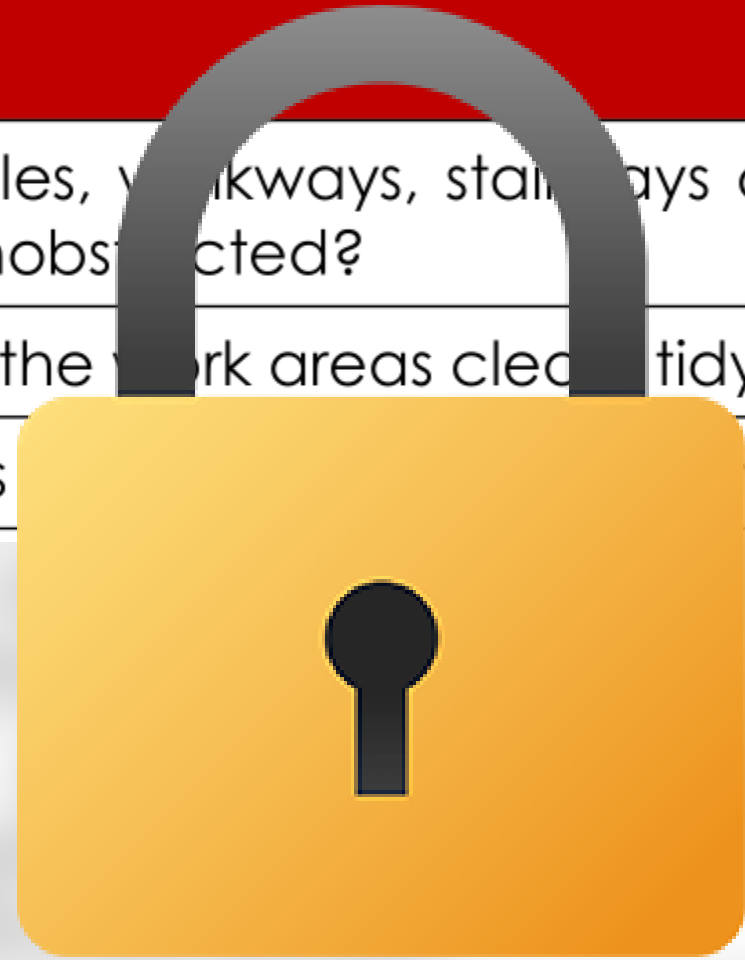


# HOUSEKEEPING INSPECTION CHECKLIST

|                   |  |                      |  |              |  |
|-------------------|--|----------------------|--|--------------|--|
| <b>Workplace:</b> |  | <b>Inspected By:</b> |  | <b>Date:</b> |  |
|-------------------|--|----------------------|--|--------------|--|

| 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 fire hazard in the work area?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |                             |  |               |



SAMPLE

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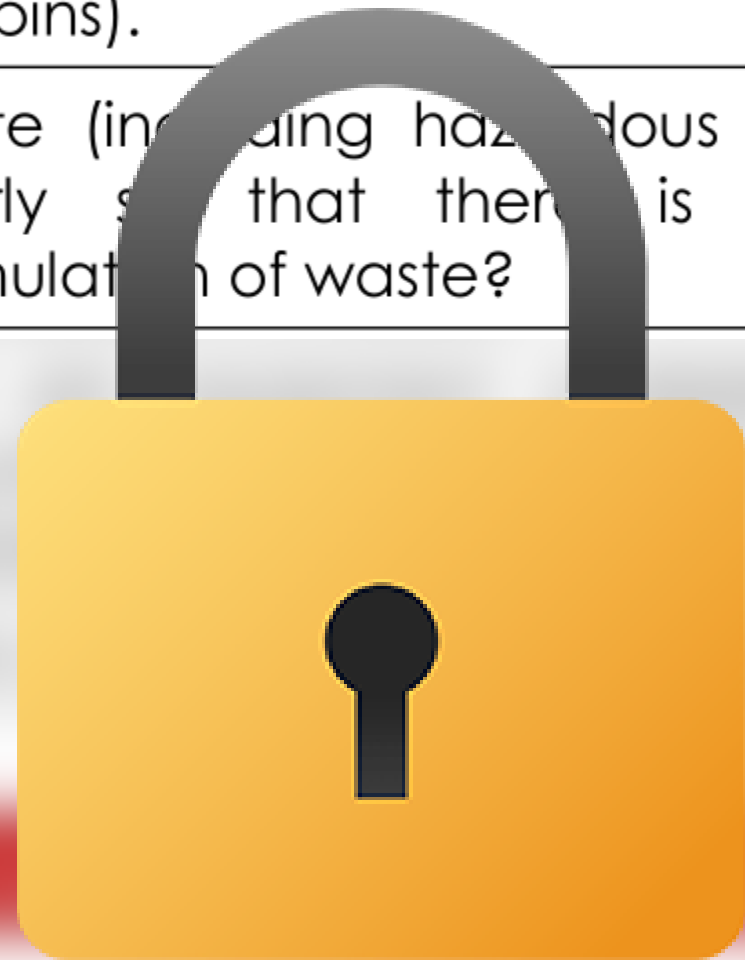
| Checklist |  | Compliance                   |                             |                              | Actions Required / Comments | Actions Required By (Responsible Person) | Date Required |
|-----------|--|------------------------------|-----------------------------|------------------------------|-----------------------------|--|---------------|
| 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 |                             |  |               |
| 14.       | Are storage areas clean and organized?                         | <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 |                             |  |               |



**SAMPLE**

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