

Date: _____ Evaluator: _____ Area Location: _____

Housekeeping Department/Facility Safety Checklist

| | Yes | No | Safe and Orderly Operating Conditions Office and Throughout the Facility | Hazards/Comments | Action Item/Owner | Completion Date |
|-----------|--------------------------|--------------------------|---|------------------|-------------------|-----------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Area(s) are clean and orderly | | | |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | There are no tripping hazards, wet spots, grease, protruding objects | | | |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Permanent aisles or passageways are clean of debris | | | |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Food and beverages are stored only in refrigerators specifically marked for those items | | | |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | "No food or drink" areas are clearly marked as such | | | |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Unused equipment is kept in a safe and orderly manner | | | |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Equipment is in working order or has been reported as broken | | | |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Warning and hazard signs are posted where they are required | | | |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | Exit-access corridors free of storage | | | |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | Cleaned/waxed/wet floors have proper signage | | | |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | Emergency eyewash stations are accessible. | | | |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | Storage cabinets and shelves are secured | | | |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | Work area(s) ergonomically arranged, for multiple users, to reduce awkward postures | | | |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | Proper Stretching techniques are being used in a timely fashion | | | |

| | Yes | No | Fire Safety | Hazards/Comments | Action Item/Owner | Completion Date |
|----------|--------------------------|--------------------------|---|------------------|-------------------|-----------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | There is an 18" minimum clearance below all fire sprinklers | | | |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Exit-access corridors free of storage | | | |

| | YES | No | Electrical Safety | Hazards/Comments | Action Item/Owner | Completion Date |
|---|--------------------------|--------------------------|--|------------------|-------------------|-----------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Extension cords, with three prong plugs are not damaged, taped, or daisy-chained | | | |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Power/Equipment cords are in good condition with no fraying | | | |

| | YES | No | Earth quake Safety | Hazards/Comments | Action Item/Owner | Completion Date |
|---|--------------------------|--------------------------|--|------------------|-------------------|-----------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | All heavy objects are below 5 feet; all shelves below 7'6" | | | |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Furniture and equipment, that could tip and block an exit, are properly anchored | | | |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Stored materials are stacked securely to prevent tipping, scattering, tripping | | | |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Office: Computers and copying equipment are held firmly in place | | | |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Industrial/Electronic: Wheels on large machines/beds/gurney's can be properly locked | | | |

| | YES | No | Chemical Storage | Hazards/Comments | Action Item/Owner | Completion Date |
|---|--------------------------|--------------------------|---|------------------|-------------------|-----------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Containers are properly labeled | | | |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | There are separate disposal areas for containers for rags, glass, trash, and other materials | | | |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Bottles, cans, etc. are properly labeled with manufacturers label | | | |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Flammables are stored in the appropriate cabinet(s); Spill prevention and containment is readily available for simple or small spills | | | |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate containers emptied | | | |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Material Safety Data Sheets (MSDSs) are available for all hazardous substances present | | | |

| | YES | No | Hazardous Waste | Hazards/Comments | Action Item/Owner | Completion Date |
|----------|--------------------------|--------------------------|--|------------------|-------------------|-----------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | There is a designated Waste Accumulation Area (WAA) | | | |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | There are appropriate disposal cans, properly labeled with contents, and clearly marked Hazardous Waste, Bio-Hazard, Radioactive | | | |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Containers closed except when being filled or emptied | | | |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Sharps containers are emptied at $\frac{3}{4}$ full level | | | |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | There is a Stericycle Binder (Logbook) readily available | | | |

| | YES | No | Safety Issues Unique to Your Department/Facility | Hazards/Comments | Action Item/Owner | Completion Date |
|--|--------------------------|--------------------------|--|------------------|-------------------|-----------------|
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