

Daily Safety & Health Cleaning Inspection

Company Name:		Inspected By:	
Address:		Inspection Date:	
Site Address (if diff):		Inspection Time In:	
Supervisor:		Inspection Time Out:	

1. Has the following entry area equipment been cleansed and are the appropriate disinfectants available?		
<input type="checkbox"/> Phones	<input type="checkbox"/> Sign in pens and visitor logs	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Door handles and knobs	<input type="checkbox"/> Floors mopped daily	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Front desk counter	<input type="checkbox"/> Hand sanitizer available	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Couches / waiting chairs	<input type="checkbox"/> Social distancing signs posted	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Coffee table(s)	<input type="checkbox"/> Masks and gloves available	
2. Have the following restroom equipment been cleansed and appropriate disinfectants available?		
<input type="checkbox"/> Door handles and knobs	<input type="checkbox"/> Soap dispensers full	<input type="checkbox"/> Handwashing signs posted
<input type="checkbox"/> Restroom stalls & dispensers	<input type="checkbox"/> Sanitizer available (if applicable)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Restroom faucets	<input type="checkbox"/> Touchless trash bins working	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Restroom toilets & flush handles	<input type="checkbox"/> Light switches	<input type="checkbox"/> Other: _____
3. Have the following administrative and common areas been cleansed and appropriate disinfectants available?		
<input type="checkbox"/> Handrails	<input type="checkbox"/> Printers and other equipment	<input type="checkbox"/> Social distancing signs posted
<input type="checkbox"/> Door handles and knobs	<input type="checkbox"/> Kitchen counter tops & tables	<input type="checkbox"/> Social distancing being practiced
<input type="checkbox"/> Conference room tables	<input type="checkbox"/> Kitchen sinks and faucets	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Conference room chairs (armrests)	<input type="checkbox"/> Microwaves & refrigerators	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Floors mopped daily (if applicable)	<input type="checkbox"/> Other kitchen appliances	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Workstations	<input type="checkbox"/> Light switches	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Handwashing signs posted	
4. Have the following production areas been cleansed and appropriate disinfectants available?		
<input type="checkbox"/> Door handles and knobs	<input type="checkbox"/> Handwashing signs posted	<input type="checkbox"/> Air filters changed monthly
<input type="checkbox"/> Production equipment	<input type="checkbox"/> PPE available and worn	<input type="checkbox"/> Social distancing being practiced
<input type="checkbox"/> Hand tools	<input type="checkbox"/> Employees trained on PPE	<input type="checkbox"/> Vehicle/fleet disinfection complete (if applicable)
<input type="checkbox"/> Supply rooms	<input type="checkbox"/> Social distancing signs posted	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sanitizer available	<input type="checkbox"/> Fans disinfected	
5. What corrective actions need to be taken? (Check all that apply)		
<input type="checkbox"/> Social distancing training	<input type="checkbox"/> Provide more handwashing signage	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Social distancing engineering controls	<input type="checkbox"/> Require pre-job safety meeting	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Provide more social distancing signage	<input type="checkbox"/> Use safer materials / Supplies	<input type="checkbox"/> Other: _____
<input type="checkbox"/> PPE training	<input type="checkbox"/> Modify shift changes	<input type="checkbox"/> Other: _____
<input type="checkbox"/> PPE enforcement	<input type="checkbox"/> Install / modify safety guards/ devices	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Provide better personal protection	<input type="checkbox"/> Improve atmosphere	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Reprimand Warning of employees	<input type="checkbox"/> Update disinfection protocols	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Penalty discipline of employees	<input type="checkbox"/> Increase disinfection frequency	
<input type="checkbox"/> Hold employees more accountable	<input type="checkbox"/> Develop better procedures	
<input type="checkbox"/> Improve cleanup procedures	<input type="checkbox"/> Develop better training	

Additional Comments: