

## SAFETY AND SANITATION CHECKLIST OFFICES

Name AM/PM \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

DAILY SAFETY CHECKLIST	100% Compliant	Action needed
<b>HOUSEKEEPING</b>		
<b>All Areas:</b> Neat, orderly, organized & free of hazards		
<b>Surfaces Systematically checked:</b> Floors, counters, desks, window sills, intact & clean (vacuumed, mopped, washed or dusted)		
<b>Food Items:</b> Stored in sturdy, airtight containers		
<b>Liquids In Secondary Containers Labeled</b>		
<b>Trash Cans:</b> Emptied, clean, with liners		
<b>SAFETY</b>		
<b>Electrical Cords:</b> In good repair, tucked away, no tripping hazard		
<b>Exits, Fire Extinguishers, Electrical Panels:</b> Unobstructed & checked for clearance		
<b>Slip/Trip Hazards:</b> Identified and removed (wet floor sign if needed)		
<b>Plants:</b> Labeled & on approved list		
<b>Coffee pots (unplugged if not in use), cleaned</b>		
<b>Spill Kits:</b> Readily accessible with unbroken date stickers		
<b>Personal Items:</b> Stored in office desk or assigned area, all medication locked		
<b>Files/doors-</b> locked in evenings		
<b>Desks free from clutter:</b>		
<b>No boxes or files stored under or beside desks:</b>		

Certified by: signature \_\_\_\_\_