

Safety Checklist: Housekeeping
Complete this prior to quarterly safety meeting

Date of Inspection: _____ Inspector: _____

<i>Item</i>	1	2	3	<i>Comments</i>
Floors clean and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toxic cleaners and agents locked up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Furniture and equip. free of sharp/loose objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Storage areas free of clutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plug covers on outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toys clean and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Smoke detectors inspected (bi-monthly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pets cleaned and well cared for (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Furniture stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal Protective Equipment (PPE) stocked in appropriate location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eye washing station has been tested (sink only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outside Inspection				
Equipment safe and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walkways free of sand/bark chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sand box inspected for hazardous foreign materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drinking fountain clean and sanitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fence in good condition/gate closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Extinguishers				
Extinguisher is in its assigned place, visible, and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pressure gauge needle is in the green zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tamper seal is intact and pull pin is in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hose and body of the extinguisher in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tag on the back is signed and dated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

1. *Satisfactory*
2. *Needs some attention*
3. *Needs immediate attention*

IIPP – Shasta Head Start Child Development, Inc.

On items that require immediate action put down action taken to insure a safe environment.

Action Taken

Maintenance Request # (if applicable): _____

Please submit a copy to the HR Department upon completion.