JANITORIAL SAFETY INSPECTION LOG

Form Ref: JS-2024
Facility / Area: _____
Inspector: _____
Date: _____

INSPECTION CATEGORY	PASS	FAIL	CORRECTIVE ACTION / COMMENTS
Personal Protective Equip. Gloves, goggles, masks, non-slip shoes			
Chemical Safety SDS available, secondary labels attached			
Equipment Condition Cords intact, vacuums clear, carts stable			
Slip & Fall Hazards "Wet Floor" signs used, spills contained			
Storage Areas Clear of clutter, no blocked exits/extinguishers			

INSPECTION CATEGORY	PASS	FAIL	CORRECTIVE ACTION / COMMENTS
Waste Disposal Proper handling of sharps/biohazards			
Ergonomics Proper lifting used, long-handle tool usage			

Supervisor Signature: _____ Date: _____

Note: Any "Fail" items must be remediated immediately. Report all broken electrical equipment to maintenance before end of shift.