

Housing Custodial Closet Inspection Form

INSPECTION ITEMS	Yes	No	Comments/Action
Odors			
Do you smell any strong odors that are not normal?			
Products			
Are all containers properly labeled?			
Are products in their proper container?			
Are products organized?			
Should some products be removed/replaced?			
Are some products unfamiliar or do not belong?			
Is Personal Protective Equipment			
Available and in good working order?			
Eye Protection? Available and in good condition?			
Gloves? Available and in good condition?			
Housekeeping & Cleanliness			
Is the floor clear of obstacles?			
Are the lights working and Guarded?			
Are <i>Wet Floor Signs</i> available?			
Are Rags, Towels, etc. available?			
Are the supply shelves quake secured?			
Floor/Sink			
Is the sink clean?			
Is the hose present and working properly?			
Does the sink drain properly?			
Other Items			
Is trash chute safety equipment visible and in good condition?			
Is vacuum cleaner in safe, working condition?			
Is cord in good condition?			
Special Items			

Inspector(s): _____ Date: _____