

GENERAL HOUSEKEEPING: BI-WEEKLY INSPECTION CHECKLIST

GARAGE

Inspected by: _____ Date _____ Time: _____

INSPECTION ITEM	ACTION NEEDED	DATE CORRECTED
COVERED GARAGE		
Leaks or spills? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any trash/litter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does floor need to be swept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the storage of combustibles in the work area held to a minimum to avoid a fire hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are flammable/combustible liquids in excess of one day's operational supply kept in approved flammable materials storage (FMS) cabinets? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all flammable containers properly closed/covered to control vapors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all flammable/combustible containers properly labeled/identified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
All other containers properly labeled and located in storage shed or under covered building? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the material storage area(s) neat and organized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Lids on all trash receptacles? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Daily Housekeeping Log signed each day since last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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EQUIPMENT MAINTENANCE AREA (Grease room)		
Leaks or spills? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any trash/litter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does paved surface need to be swept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all walking or working surfaces free of tripping/ slipping hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the storage of combustibles in the work area held to a minimum to avoid a fire hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are flammable/combustible liquids in excess of one day's operational supply kept in approved flammable materials storage (FMS) cabinets? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all flammable containers properly closed/covered to control vapors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all flammable/combustible containers properly labeled/identified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
All other containers properly labeled and located in storage shed or under covered building? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is waste material properly stored and regularly disposed of (used oil, antifreeze, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the material storage area(s) neat and organized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are new/used parts stored in correct areas? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Lids on all trash receptacles? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Anything blocking storm water inlet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Daily Housekeeping Log signed each day since last inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
VEHICLE WASH AREA		
Any trash/litter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Leaks or spills? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does parking lot need to be swept? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Lids on all trash receptacles? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Daily Housekeeping Log signed each day since last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DIESEL FUEL AREA		
Any trash/litter? yes <input type="checkbox"/> Yes <input type="checkbox"/> No		
Leaks or spills? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does parking lot need to be swept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Lids on all trash receptacles? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Daily Housekeeping Log signed each day since last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PARKING LOT NORTH OF COVERED GARAGE		
Any trash/litter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Leaks or spills? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does parking lot need to be swept? (Public Works is responsible) <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Lids on all trash receptacles? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Daily Housekeeping Log signed each day since last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		