

Georgia Department of Corrections

Facility _____

Weekly Safety/Sanitation Form

Week Ending _____

NOTE: Return original to Sanitation Supervisor. Copy will be retained by Recreation Director/Supervisor.

This form is used to ensure compliance with the American Correctional Association's standard relating to fire safety, sanitation, and control of hazardous or toxic chemicals.

Building:

Inspector:

SAFETY:	Yes	No	NA
1. Are aisle ways clear?			
2. Are the fire extinguishers unobstructed, operational & charged?			
3. Are all electrical appliances (buffer, etc.) equipped with satisfactory cords and plugs, no bare wires, no broken cords, etc.?			
CHEMICAL STORAGE:			
4. Are chemical containers closed?			
5. Are containers labeled properly?			
6. Are chemical containers leaking?			
GENERAL STORAGE:			
7. Is there approximately 3' of clearance between electrical panels and heat producing equipment?			
8. Are the cabinets and drawers cluttered?			
9. Is the area cluttered with trash?			
MAINTENANCE:			
10. Are the doors working properly?			
11. Are plumbing fixtures leaking?			
12. Are ceiling tiles loose or missing?			
13. Are all lights operational?			
GENERAL SANITATION:			
14. Are the floors clean?			
15. Are the baseboards clean?			
16. Are the outside/inside walls clean?			
17. Is the area free of vermin/pests?			
18. Are the vents clean?			
19. Are the light fixtures clean?			
20. Is area cluttered with trash or other items?			
RESTROOM:			
21. Are the floors clean?			

22. Are the walls clean?			
23. Are the sinks clean?			
24. Are the urinals/toilets clean?			
25. Is the trash emptied?			
26. Are the mop buckets clean?			
27. Is the mop sink clean and free from all stains?			