

HOUSEKEEPING CHECKLIST

Completed by: _____ Date: _____

Tick (✓) for YES or cross (X) for NO. Record any action taken for those marked NO (X).

A permanent record (eg housekeeping register) must be kept of any action taken.

☐ Access to emergency exits are unobstructed

Action taken: _____

☐ Dust extractors are maintained and operating correctly (eg bags are cleaned/replaced)

Action taken: _____

☐ Fire fighting equipment is unobstructed

Action taken: _____

☐ Work environment (floors, benches etc) is clean and tidy (ie no waste material and dust)

Action taken: _____

☐ Fire fighting equipment is maintained ie tested and tagged (6 monthly)

Action taken: _____

☐ Area around machines is clear (nothing to trip on or fall over)

Action taken: _____

☐ Safety signs (eg safe work procedures and PPE signs) are visible and easy to read

Action taken: _____

☐ Walkways and passageways are clear of obstructions and trip hazards (eg production materials, electrical leads etc)

Action taken: _____

☐ Light bulbs are working

Action taken: _____

☐ Hand held tools are stored safely

Action taken: _____
