

### FO4 - Housekeeping (Rev. 0)

	YES	N/A	LOI OBSERVED
1.	<input type="checkbox"/>	<input type="checkbox"/>	Are walkways and passageways clear of material & debris?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Are electrical cords, hoses, welding leads, etc. rolled up when not in use?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Are electrical cords, leads, and hoses protected from damage and positioned to minimize tripping?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Are areas free of scrap metal, protruding nails and other puncture hazards?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Are trash receptacles, water containers, eye wash stations, and fire extinguishers accessible and maintained?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Is trash in appropriate containers (clean, metal, oily rags, etc)?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Are eating areas separated from hazardous material handling/storage areas?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Are flammable materials properly stored and labeled?
9.	<input type="checkbox"/>	<input type="checkbox"/>	Are gang boxes, tool cribs and toolboxes orderly?
10.	<input type="checkbox"/>	<input type="checkbox"/>	Materials and equipment properly stored
11.	<input type="checkbox"/>	<input type="checkbox"/>	Is the Project work area clean & free of excess trash & debris?

**Comments:**

**Contractor:** \_\_\_\_\_

**P.O. Number:** \_\_\_\_\_

**Area/Location:** \_\_\_\_\_

**Project No:** \_\_\_\_\_

\_\_\_\_\_

**Print Name**

**Signature**

**Date**