

Floor Inspection Checklist for

[Company name]

Before use, customize area/department to fit your facility operation.

Inspector (full name) _____

Inspection type: ☐ daily ☐ 45-day ☐ quarterly ☐ semi-annually ☐ other*

Date _____

Facility map attached ☐

Area / Department	Time inspected	Show location on attached facility map and describe below size, type, location & cause of 1) Pooled liquids 2) Bath drips, leaks, spills 3) Other leaks (piping/pumps/etc.) 4) Cracks, damage to floor /coatings	Describe corrective action 1) Immediately: what was done 2) Within 6 months: what will be done 3) Other considerations	Scheduled completion date	Actual completion date	Completed by (signature): <i>Initial response sign</i> <i>Final response sign</i>
Process area A						(initial response sign)
						(final response sign)
Process area B						
Process area C						
Process area D						
Acid/Alkali sump 1						
Acid/Alkali sump 2						
Cyanide sump						

Area / Department	Time inspected	Show location on attached facility map and describe below size, type, location & cause of 1) Pooled liquids 2) Bath drips, leaks, spills 3) Other leaks (piping/pumps/etc.) 4) Cracks, damage to floor /coatings	Describe corrective action 1) Immediately: what was done 2) Within 6 months: what will be done 3) Other considerations	Scheduled completion date	Actual completion date	Completed by (signature): <i>Initial response sign</i> <i>Final response sign</i>
Chrome sump						
Wastewater treatment						
Waste storage						
Piping (<i>describe</i>)						
Grate						

Describe “other” inspection type: