# Building Maintenance and Housekeeping Self-Inspection Checklist

Date of Inspection: _____ Inspector: _____

| Office | Yes | No |
|---|---|---|
| Floors clean | ☐ | ☐ |
| Floors free from electrical cords | ☐ | ☐ |
| File cabinets are stable | ☐ | ☐ |
| Trash containers emptied | ☐ | ☐ |
| Trip and fall hazards eliminated | ☐ | ☐ |
| Aisles clear | ☐ | ☐ |
| Good lighting | ☐ | ☐ |
| Desks and chairs in good condition | ☐ | ☐ |

| Breakroom | | |
|---|---|---|
| Floors clean | ☐ | ☐ |
| Trash emptied daily | ☐ | ☐ |
| Trip and fall hazards eliminated | ☐ | ☐ |
| Good lighting | ☐ | ☐ |
| Microwave operating safely | ☐ | ☐ |
| Refrigerator in good condition | ☐ | ☐ |
| No evidence of water on floor | ☐ | ☐ |
| Appliance electrical cords in good condition | ☐ | ☐ |
| Stove shutoff | ☐ | ☐ |
| Fire extinguisher available and properly charged | ☐ | ☐ |
| No signs of plumbing leakage | ☐ | ☐ |

| Walkways and Parking | | |
|---|---|---|
| Parking spaces are lined | ☐ | ☐ |
| Sidewalks in good repair | ☐ | ☐ |
| Outside benches and chairs in good condition | ☐ | ☐ |
| Parking lot free of trip and fall exposures | ☐ | ☐ |
| Parking lot is well illuminated | ☐ | ☐ |

| **Exterior** | **Yes** | **No** |
|---|---|---|
| Yard is cut and without overgrowth | ☐ | ☐ |
| Tree limbs are trimmed away from roof | ☐ | ☐ |
| Gutters and downspouts are clean and in good condition | ☐ | ☐ |
| Dumpsters emptied and locked when not in use | ☐ | ☐ |
| Fencing in good condition | ☐ | ☐ |
| Limited amount of roof attachments | ☐ | ☐ |
| Roof inspection completed | ☐ | ☐ |

| **Shop/Plant** | | |
|---|---|---|
| Floors unobstructed and kept clean | ☐ | ☐ |
| Aisles properly marked and clear | ☐ | ☐ |
| Exits marked and free from storage | ☐ | ☐ |
| Sprinkler valve free to access | ☐ | ☐ |
| Spare sprinkler heads available. | ☐ | ☐ |
| Good lighting | ☐ | ☐ |
| Trash containers emptied | ☐ | ☐ |
| Flammable materials stored in UL listed cabinets | ☐ | ☐ |
| Stable shelving | ☐ | ☐ |
| Inventory properly stacked | ☐ | ☐ |
| Compressed cylinders properly secured | ☐ | ☐ |
| No smoking policy in place and enforced | ☐ | ☐ |
| Oily rags disposed in self closing containers. | ☐ | ☐ |
| HVAC serviced regularly. | ☐ | ☐ |
| HVAC filters clean and replaced regularly | ☐ | ☐ |
| Electrical system suitable for use and in good condition | ☐ | ☐ |
| Stairs, ramps, platforms free from obstruction | ☐ | ☐ |
| Fall prevention in place at stairs, ramps, and platforms | ☐ | ☐ |
| Prohibit storage and trash in the mechanical room. | ☐ | ☐ |

Completed by: _____ Date: _____