

Checklist For Floors

INSPECTION CHECKLIST			AFTER COMPLETING YOUR INSPECTION, TRANSFER YOUR CONCERNS/OBSERVATIONS TO THIS AREA	
Date of Inspection:	Inspector:		Facility:	Name:
Location/Address:			Staff Contact:	Telephone Number:
Weather Condition:			Date Inspected:	Time:

FLOORS	Y	N	CONCERNS/OBSERVATIONS	RECOMMENDATION(S)/ACTION REQUIRED	COMPLETED DATE
Type of Flooring					
Concrete Wood Ceramic Tile Vinyl Tile					
Other _____					
Describe overall condition of floors					
Good Fair Poor					
Are all floors clean, dry and free of trip hazards					
If No, describe and note location					

Are floors provided with slip resistant finish					
Are carpets provided at all entrances and exits					
Are all carpets free of trip and fall hazards					
Are there wet floor signs present and available					
Are there any elevation changes noted					
Is there adequate lighting provided for all floor areas					

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