

## Contractor Housekeeping Verification Checklist

Name of Shop: \_\_\_\_\_ WIC/CF#: \_\_\_\_\_ Org. Symbol: \_\_\_\_\_  
 Building #: \_\_\_\_\_ Post #: \_\_\_\_\_

MONTH:	_____			_____			_____			_____			_____			Supervisor Review for Shift		
DAY	D	S	G	D	S	G	D	S	G	D	S	G	D	S	G	D	S	G
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		

- 1) This verification checklist shall be used IAW OC-ALC I 48-140, and in conjunction with the shop's housekeeping plan which provides specific information regarding what is to be cleaned, what techniques are to be used (e.g., HEPA, wet wipe, etc.) and the frequency for cleaning. **THIS CHECKLIST APPLIES TO A CALENDAR MONTH** (e.g., May, June, July, etc.).
- 2) Each person who performs cleaning tasks shall place their initials in block letters in the box which identifies the day, area and shift the task was performed.
- 3) Supervisors or designee (e.g., WL), shall review this Contractor Housekeeping Verification Checklist and the corresponding housekeeping plan at the end of their shift. Shop supervisors shall report performance discrepancies by contacting the Contracting Officer Representative (COR) for assistance, at phone numbers posted at restroom entrances. The surveillance COR will verify and inspect contractor performance IAW the Quality Assurance Surveillance Plan (QASP) and Performance Plan (PP).
- 4) Each break room and locker room shall have their checklist posted in the room, along with a copy of the corresponding housekeeping plan. Supervisors shall maintain all checklists IAW OC-ALC 48-140, chapter 3, Housekeeping.
- 5) NA or the words "not applicable" shall be used to indicate blocks or columns which do not apply (e.g., there is no graveyard shift, the frequency is weekly instead of daily).
- 6) Supervisors shall fill in blank column headings with applicable name for shop areas to be cleaned by contract personnel (e.g., Break Room, Locker Room or Change Area, Tool Crib, etc.).
- 7) WIC/CF#: Shop I.D. number assigned by Bioenvironmental Engineering. It is shown in the SUBJECT line on the first page of Industrial Hygiene Survey Letters (e.g., 391A, 015I, 201F, 600C, etc.).