

Housekeeping Verification Checklist

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

MONTH:																Supervisor Verification for Shift		
DAY	D	S	G	D	S	G	D	S	G	D	S	G	D	S	G	D	S	G
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- 1) This verification checklist shall be used in conjunction with the shop's housekeeping plan, developed by the shop supervisor and BEF, 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. THE 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 their designee (e.g., WL), shall inspect and verify, at the end of their shift, that all housekeeping tasks have been completed IAW the shop's housekeeping plan. Verification is indicated by placing one's initials in legible block letters in the verification column box which designates the correct day and shift.
- 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-ALCI 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 shop personnel (e.g., Regulated Area, Doffing or Transition Area, Downdraft Table, Blasting Cabinets, 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.).