

Floor Cleaning & Safety Checklist (Industrial)

Pre-Cleaning Inspection & Assessment

Initial assessment of the floor area to identify hazards, debris, and cleaning needs.

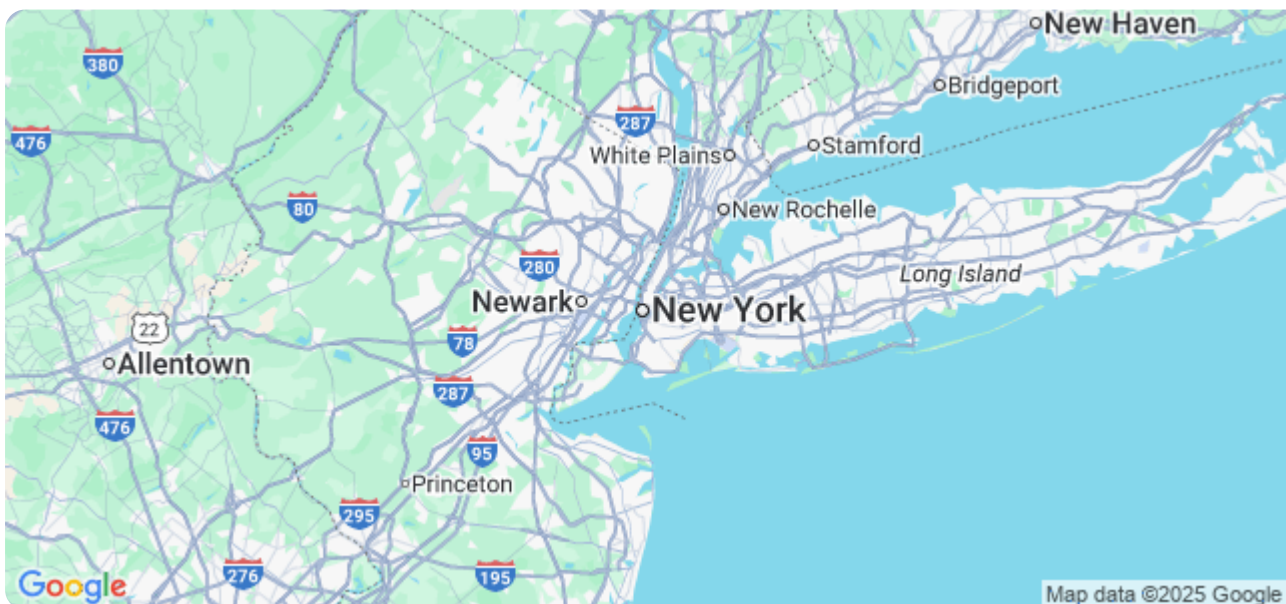
Date of Inspection

Enter date...

Time of Inspection

Area/Zone Inspected

 [Set My Current Location](#)



Description of Floor Type (e.g., Concrete, Epoxy, Tile)

Write something...

Floor Condition (General)

- Excellent
- Good
- Fair
- Poor

Identify Debris/Contaminants Present (Check all that apply)

- Dust/Dirt
- Oil/Grease
- Chemical Spills
- Loose Materials (e.g., Sawdust, Metal Shavings)
- Standing Water
- Other (Specify in LONG_TEXT)

Specify 'Other' Debris/Contaminants (if selected)

Write something...

Floor Temperature (Degrees Celsius/Fahrenheit)

Enter a number...

Ambient Lighting Conditions

- Adequate
- Dim
- Poor

Equipment Preparation & Safety

Ensuring cleaning equipment is in proper working order and safety protocols are followed.

Equipment Serial Number (Scrubber, Vacuum, etc.)

Equipment Condition (Pre-Use)

- Excellent
- Good
- Fair
- Poor - Needs Repair

Safety Checks Performed (Select all that apply)

- Visual Inspection for Damage
- Check Tire/Wheel Condition
- Verify Brush/Pad Condition
- Check Fluid Levels (Detergent, Water)
- Inspect Electrical Cords/Connections
- Check for Leaks

Any Abnormalities Noted Before Use?

Write something...

Personal Protective Equipment (PPE) Used?

Yes

No

PPE Checklist (If Yes)

Safety Shoes

Gloves

Eye Protection

Hearing Protection

High Visibility Vest

Last Maintenance Date

Enter date...

Time Equipment Ready for Use

Floor Cleaning Procedures

Detailed steps for cleaning the floor based on the identified needs and type of flooring.

Floor Type:

- Concrete
- Epoxy
- Tile (Ceramic/Porcelain)
- Vinyl
- Other (Specify in LONG_TEXT)

Cleaning Method:

- Sweeping
- Scrubbing (Automated)
- Scrubbing (Manual)
- Mopping
- Pressure Washing

Detergent Concentration (%), as per manufacturer's instructions:

Enter a number...

Water Temperature (°C/°F):

Enter a number...

Specific Cleaning Instructions/Notes (e.g., heavy grime areas, specific stain removal):

Write something...

Rinsing Required?

- Yes
- No

Estimated Cleaning Duration:

Description of any unusual conditions encountered during cleaning:

Write something...

Chemicals Used (Check all that apply):

- Degreaser
- Disinfectant
- Acid Cleaner
- Alkaline Cleaner
- Neutral Cleaner
- Other (Specify in LONG_TEXT)

Spill Response & Containment

Procedures for addressing spills and leaks during cleaning, minimizing hazards.

Type of Spill (if applicable)

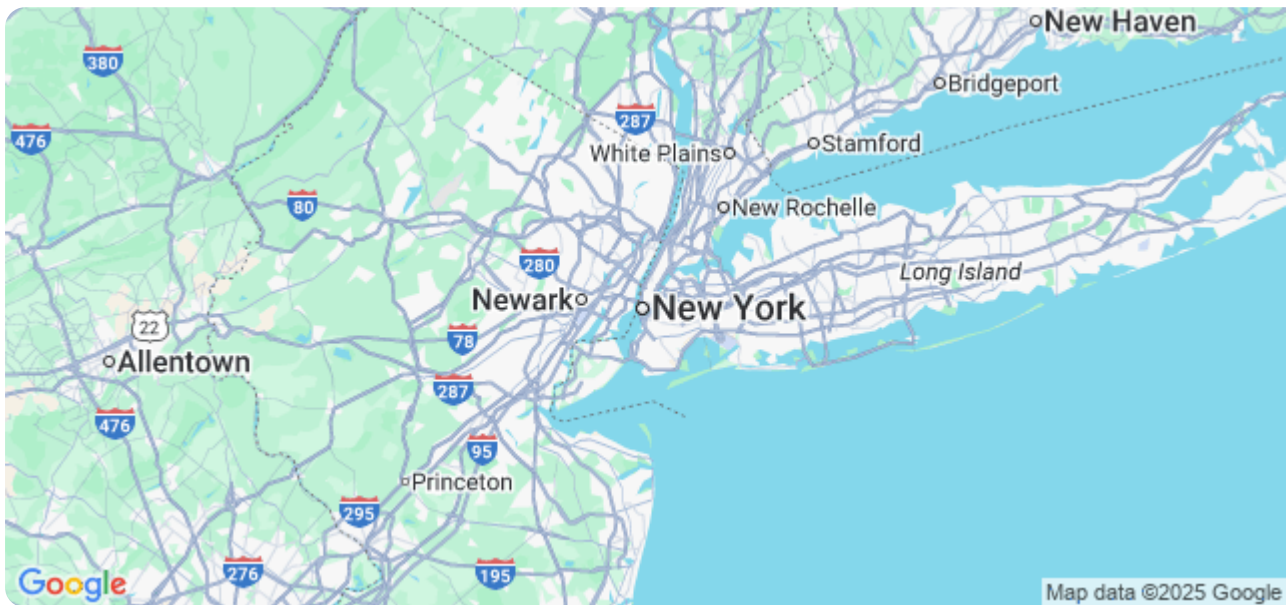
- Water
- Oil/Grease
- Chemical
- Solid (e.g., dust, powders)
- Unknown

Description of Spill (Volume, Appearance, Location)

Write something...

Exact Spill Location (Coordinates or Specific Area)

 [Set My Current Location](#)



Containment Measures Implemented

- Absorbent Materials (e.g., pads, granules)
- Dikes/Barriers
- Covering/Shrouding
- None Required
- Other

Absorbent Materials Used

- Clay
- Sand
- Commercial Absorbent
- Other

Details of Clean-up Procedures (e.g., disposal method, equipment used)

Write something...

Estimated Spill Volume (gallons/liters)

Enter a number...

Spill Reported to Relevant Authorities (if required)?

- Yes
- No
- Not Applicable

Date of Spill Event

Enter date...

Time of Spill Event

Post-Cleaning Inspection & Verification

Final assessment to confirm cleanliness and safety after cleaning operations.

Floor Appearance: Is the floor free of visible dirt, debris, and stains?

Yes

No

Slip Resistance: Does the floor maintain adequate slip resistance?

Yes

No

Not Tested

Slip Resistance Measurement (if applicable): Record the coefficient of friction (COF) reading.

Enter a number...

Floor Markings: Are all safety markings (lines, symbols) clear and visible?

Yes

No

Any Issues Noted: Describe any areas requiring further attention or reporting.

Write something...

Drains/Grates: Are drains and grates clear of obstructions?

Yes

No

Next Scheduled Inspection Date

Enter date...

Documentation & Reporting

Recording cleaning activities, observations, and any corrective actions taken.

Date of Cleaning

Enter date...

Start Time of Cleaning

End Time of Cleaning

Area Cleaned (sq. ft / sq. m)

Enter a number...

Description of Cleaning Methods Used

Write something...

Any Unusual Conditions or Issues Encountered

Write something...

Corrective Actions Taken (if any)

Write something...

Floor Condition Post Cleaning

Excellent


Good

Fair

Poor

Cleaner Signature

Supporting Photos (Optional)

 Upload File