**Site cleanliness Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| Project name |  | Date |  |
| Engineer in charge |  | Day |  |
| Safety officer |  | Rep. # |  |

**Site cleanliness check:**

|  |  |  |  |
| --- | --- | --- | --- |
| SN | Location | Description of condition | Status |
| Floors | | | |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| External area | | | |
| 6 |  |  |  |
| Stores | | | |
| 7 |  |  |  |
| Site offices | | | |
| 8 |  |  |  |

In description above state if any defects show on any element of the above, any defect results in ⌧, if no defects at the element check by 🗹.

**Remarks by safety officer:**

|  |
| --- |
|  |
|  |
|  |

**Remarks by Project engineer:**

|  |
| --- |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| Project Engineer | Safety officer | Employee |
|  |  | Name: |
|  |  | Date: |
|  |  | Signature: |