

# Workplace Housekeeping Audit

## Audit Details

Audit Date\*: \_\_\_\_\_

Inspector Name\*: \_\_\_\_\_

Location\*: \_\_\_\_\_

Department/Area: \_\_\_\_\_

## Inspection Checklist

Housekeeping Items:

| Item | Status | Comments | Action Required |
|------|--------|----------|-----------------|
|      |        |          |                 |
|      |        |          |                 |
|      |        |          |                 |

Options for 'Status': Compliant, Non-Compliant, N/A

## Hazards Identified

Hazards:

| Description | Risk Level | Immediate Action Taken |
|-------------|------------|------------------------|
|             |            |                        |
|             |            |                        |
|             |            |                        |

Options for 'Risk Level': Low, Medium, High

## Follow-Up Actions

Follow-Up Required

Follow-Up Due Date\*: (Fill only if applicable)

Responsible Person: (Fill only if applicable)