

## CHECKLIST FOR SAFE WORK PRACTICES

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Inspector: \_\_\_\_\_

	OK	NOTES
<b>Exterior</b>		
1. Restricted Access Barrier and tape @ 20" Warning Sign Window and doors sealed	_____ _____ _____	_____ _____ _____
2. Containment 10' plastic perimeter curb	_____	_____
3. Safe Methods Wet or HEPA filtered No prohibited practices Workers trained	_____ _____ _____	_____ _____ _____
4. Worker Protection Respirators GFI protection	_____ _____	_____ _____
<b>Interior</b>		
1. Restricted Access Warning Sign	_____	_____
2. Containment Floor covering (double layer) Furniture covered or moved Closet and cupboards sealed	_____ _____ _____	_____ _____ _____
3. Safe Methods Wet or HEPA filtered tools No prohibited practices Workers trained	_____ _____ _____	_____ _____ _____
4. Worker Protection Respirators GFI protection	_____ _____	_____ _____