Floor/Exterior Housekeeping Log

Store #: _____ Department: _____ Date: _____

Each time you sweep, mop, or inspect the floor, indicate below, using the precise times what the condition was, and the action taken to correct the condition.

Sign Your Initials After Each Entry

Time	No Cleanup Necessary	Conditions					Action							Aisle or Store Area – See Bottom Numbers	Your Initials
		Spill	Wet Floor	Mat Buckled	Debris/Object	Ice/Snow	Sweep	Mop	Salt	Replace/Straighten Mat	Pickup/Remove	Caution Sign	Spill Response Station		

1 - Front End 2 - Produce 3 - Grocery 4 - Seafood 5 - Meat 6 - Floral 7 - Bakery 8 - Parking 9 - Sidewalk 10 - Entrance Exit Vestibule

Store Manager or Designate Signature: _____