



Sweep Sheet

Location

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Public Restrooms* | <input type="checkbox"/> Pool Area* |
| <input type="checkbox"/> Entrance Ways | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Ice Machines | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Restaurant/Bar _____ | |

*During inclement weather or heavy usage, check the listed locations at least every few hours.

Employee Signature _____

An entry is to be made on this sweep sheet each time the floor is swept, inspected, maintained, or observed to be free of foreign material. The person signing the sheet is to indicate the exact time and initial their name. Please keep copies of each sweep sheet on file for at least a year.

Inspection Information

Date	Time	Initials

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