

Building Sweep Report

Name _____ Day & Date _____

Were there any...?	Yes	No	Details
Fire doors/exits blocked			
Other fire hazards			
Security/exit lights out			
Other safety hazards			
Equipment left on			
Windows/doors unlocked			
First floor blinds up			
Offices unlocked			
Parking violations			
Property damaged			
Employees Working			
Smoking violations			
Electric power off			
Temperature high/low			
Running water			
Stations/tours missed			