

## Building Sweep Report

Name \_\_\_\_\_ Day & Date \_\_\_\_\_

| <b>Were there any...?</b> | <b>Yes</b> | <b>No</b> | <b>Details</b> |
|---------------------------|------------|-----------|----------------|
| 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     |            |           |                |