Floor Inspection and Cleaning Log

Risk Control from Liberty Mutual Insurance

Company	***Location***	***Area*** *(Bathroom, Deli, Office, etc.)*	***Week of***

Insert Date and Time, and initial box to certify floor inspection and cleaning have been property completed. File completed log per company guidelines.

	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
Date																					
	Time		Initial	Time		Initial	Time		Initial	Time		Initial	Time		Initial	Time		Initial	Time		Initial
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Date	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
	Time		Initial	Time		Initial	Time		Initial	Time		Initial	Time		Initial	Time		Initial	Time		Initial
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Reset Form

libertymutualgroup.com/riskcontrolservices @LibertyB2B

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