



UPF HOUSEKEEPING MONITORING REPORT

Work Package No: _____

Task No.: _____

DMC NO.:	DATE:				
PROJECT NO.: _____					
BUILDING: _____ AREA / EL.: _____ ZONE: _____					
	INSPECTION CHECKLIST	ZONES	ACC.	REJ.	REMARKS
1.	Floors and items cleared of excessive waste and debris	ALL			
2.	Passageways cleared of obstacles	ALL			
3.	No oil, or hazards	ALL			
4.	Metal waste containers in place	ALL			
5.	Use of tobacco prohibited	I, II, III, IV			
6.	Eating prohibited	I, II, III, IV			
7.	Zone number posted	I, II, III			
8.	Personnel/Material/Tool Log	I, II, III			
9.	Clean gloves, shoes, and head covers	I, II			
10.	Access controlled to only authorized personnel	I, II, III			
11.	A clean clothing change room being utilized	I			
12.	Clean pocket-less clothes	I			
13.	Filtered air being utilized	I			
14.	Materials and tools have been pre-cleaned	I			
15.	Written records of entry and exit of all personnel and material.	I, II, III			
<p>COMMENTS:</p> <p>NCR Generated: Yes <input type="checkbox"/> No <input type="checkbox"/> Zones 1 & 2 only NCR No.: _____</p> <p>Inspected by QCE: _____ Date: _____</p> <p>Reviewed by QC Lead: _____ Date: _____</p>					