

# Physical Loss Prevention



## Sample 24-Hour Building Checklist

Name of Building: \_\_\_\_\_ AM Time: \_\_\_\_\_ AM Inspector: \_\_\_\_\_  
 Date of Inspection: \_\_\_\_\_ PM Time: \_\_\_\_\_ PM Inspector: \_\_\_\_\_

Inspection	AM	PM	Comments	Recommendations	Corrective Action Taken
Grounds, sidewalks and steps are free of unusual hazards					
Doors and windows are in working condition and fire doors are closed					
All inside and outside lighting is working					
Restroom fixtures are in good working condition with no major leaks					
Floor is in good condition and hazards are marked with proper signage					
Access to all emergency equipment is clear of obstacles					
Materials are properly stacked and stored according to policy					
Work areas are neat, clean and free of hazardous materials					
Aisles and hallways are clear with clear access to emergency					

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equipment					
Kitchen facilities are clean and end-of-day kitchen checklist is complete					
Seating area is clean and tables/chairs are hazard free and sturdy					
First-aid supplies are adequate and fresh					
Adequate supply of Incident Report forms					