

Audit Checklist: General Spaces

Unit: _____

Date: _____

Rooms/Areas: _____

Auditors: _____

Topic	Yes	No	N/A	Comments
General:				
Generally Clean/Organized				
No trip hazards				
Exits unobstructed				
1 st aid kit easily accessible and stocked				
Sprinkler heads unobstructed (18inch clearance)				
Fire Extinguishers monthly checks documented				
Other:				

Suggestions/Notes:

*This form is not for Evidence Receiving or any laboratory areas.