



HUMAN RESOURCES FORMATS SOLID WASTE DISPOSAL CHECKLIST

RECORD NO.: _____ **DATE OF INSPECTION:** _____ **VISIT FREQUENCY:** HALF YEARLY | ANNUAL
INSPECTION BY: _____ **SIGN.** _____ **STORAGE IN-CHARGE NAME & SIGN.** _____
PROCESSES INSPECT: _____

LOCATION TRACKING CODE: _____ **NOS. EMPLOYEE WORKS:** _____ **STORAGE AREA CAPACITY:** _____
NOS. EQUIPMENT FOR AREA: _____ **NOS. TOILETS IN AREA:** _____ **NOS. PPE SETS** _____

CHECKLIST			
#	CHECKLIST POINTS	OBSREVATION	STATUS

EMPLOYEE INTERACTION (EMPLOYEE VIEWS)	
01	EMPLOYEE NAME: _____
02	EMPLOYEE NAME: _____
03	EMPLOYEE NAME: _____
04	EMPLOYEE NAME: _____
05	EMPLOYEE NAME: _____

INSPECTOR SUGGESTIONS COMMENTS

MANAGER –HUMAN RESOURCES