



Risk Control

Daily Floor Maintenance Log

Company: _____ Address: _____

Complete this form after each floor maintenance task has been completed.

	AM	PM	Sweep	Spot Clean	Regular Clean	Spill/Hazard Remediation	Restorative Care	Floor Inspection	Comments
Time:									
Location:									
Time:									
Location:									
Time:									
Location:									
Time:									
Location:									
Time:									
Location:									
Time:									
Location:									

Notes:

Completed by (signature): _____ Date: _____

Print name: _____

Learn more about [managing slip and fall risks](https://cna.com/riskcontrol) at cna.com/riskcontrol (US) or cnacanada.ca (Canada).

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