**Glass and Hard Plastic Check (by item)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** |  | **Date of Check** |  |
| **Item checked** | **Checked by** | **Item in-tact?** | **Comments/ actions taken** |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |
|  |  | YES / NO |  |