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

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