



Facilities Management Daily Checklist

WO/Project #:
Contractor:
Location:
Scope of work:
Date/Time:
MCFM supervisor:

Start of Project

Safety Instructions _____
Tenting _____
Barricades _____
Signage _____
Protective Clothing _____
Other _____

Prior Notification

MCFM supervisor _____
Dept. Manager _____
Dept. Duty Supervisor/Charge Nurse _____
Infection Control _____

Completion

Date/Time _____

Completion Notification

MCFM supervisor _____
Dept. Manager _____
Dept. Duty Supervisor/Charge Nurse _____

CONTRACTOR MUST NOTIFY FACILITIES PROJECT MANAGER/SUPERVISOR PRIOR TO STARTING ANY WORK AND IMMEDIATELY UPON COMPLETION. (415) 353-1120.

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