

# Mop/Spill Control Log



Date	Location	Time Cleaned	Cleaned by	Sign Posted / Other Control?	Did an accident or injury occur?
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No

\* If you answer "yes" that an accident/injury occurred, be sure to fill out an Incident Report. See Nationwide® form #CMO-0449AO.