Floor Inspection / Maintenance Log

(These logs are to be signed and turned in each Monday)

Week of _____ **Store Location**_____

Area (Produce, Market, Bakery, Etc.)_____

Time / Initials of Person Doing Floor Check

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Store Manager Signature

Note: Persons initialing front of Log- Print Signature on Back!

avant SUPERMARKET GROUP