

Anti-Fatigue Mat Inspection Checklist



Name: _____ Date: _____

Phone: _____ Email: _____

Name of Area:	Incorrect Size/Gaps/ On-Off Stepping	Curling Borders/ Missing Bevels	Visible Damage/ Rips/Tears	Reduced Ergonomic Cushion/Flat	Exposed Cords and Cables	Eroded Surface/Lost Traction	Mat Needs Replacing (Y/N)
Comments:							
Comments:							
Comments:							
Comments:							
Comments:							
Comments:							

