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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location/ area** **(eg. glasshouse)** | **Date of check** | **Checked by** | **All items intact?****(delete as required)** | **Comments** |
|  |  |  | YES / NO |  |
|  |  |  | YES / NO |  |
|  |  |  | YES / NO |  |
|  |  |  | YES / NO |  |
|  |  |  | YES / NO |  |
|  |  |  | YES / NO |  |
|  |  |  | YES / NO |  |
|  |  |  | YES / NO |  |
|  |  |  | YES / NO |  |