

Workplace Inspection Recording Form

INSPECTION LOCATION(S) _____ DATE OF INSPECTION _____

DEPARTMENTS/AREAS COVERED _____ TIME OF INSPECTION _____

ITEM (and location of item)	HAZARDS OBSERVED	HAZARD CLASS	REPEAT ITEM		RECOMMENDED ACTION	BY WHOM		ACTION TAKEN	COMPLETED	AUTHORIZED SIGNATURE
			YES	NO		WHOM	WHEN			

COPIES TO: (FOR ACTION) _____ INSPECTED BY _____

(FOR INFORMATION) _____