

APPENDIX C

Sample Workplace Inspection Recording Form

Inspection Location: _____ Date of Inspection: _____

Department/Areas Covered: _____ Time of Inspection: _____

OBSERVATIONS

FOR FUTURE FOLLOW-UP

Item (and Location of Item)	Hazard(s) Observed	Repeat item		Recommended Action	Responsible Person	Action Taken	Date
		Yes	No				

Copies to:

Inspected by: _____

For Action:

For Information:
