Workplace Inspection Report

Location(s) Inspected_____ Date of Inspection_____

Department/Areas Covered_____ Time of Inspection_____ Employee(s) contacted _____

Observations						For Future Follow-up		
Item and Location	**Hazard(s) Observed**	**Repeat Item (Y/N)**	**Priority* (A/B/C)**	**Recommended Action**	**By Date**	**Responsible Person**	**Action Taken**	**Date**

*: A priority level is assigned to the hazard to indicate the urgency of the corrective action required.

- A: Major--requires immediate action
- B: Serious--requires short-term action
- C: Minor--requires long-term action