



# WORKPLACE INSPECTIONS

DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

LOCATION/DIVISION \_\_\_\_\_

INSPECTION TEAM: \_\_\_\_\_

Item #	Hazard Observed	Recommended Action	Person Responsible	Action Date

Inspected by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Copies to: \_\_\_\_\_