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| **Sample Inspection Report Form** | | | | | | | | | | | | |
| Work area(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date/Time/Shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Inspectors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page \_\_\_ of \_\_\_ | | | | | | | | | | Risk Rating -Use your method, for example:  1 – Unacceptable  2 – Substantial  3 – Moderate  4 – Marginal  5 – Trivial | | |
|  | OBSERVATION | | | | | | | | FOLLOW UP | | | |
| **Item #** | | **Hazard and Specific Location** | **Risk Rating** | **Recommended Corrective Action to be Taken** | **Applicable Legislation/Standard** | | **Target Date** | **Person Responsible** | **Action Taken** | | **Date Action Completed** | **Signature** |
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| Copies to: | | | | | | | | | | | | |
| Manager’s Signature: | | | | | | OHC Signature: | | | | | | |