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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 – Unacceptable2 – Substantial3 – Moderate4 – Marginal5 – 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:  |