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| **Name of Location:**  |
| **Name of Inspector(s):** |
| **Date:** |
| **General Conditions** |
| **Inspection Items** | **Yes, No or Not Applicable** (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** |

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| **Lighting** |
| **Inspection Items** | **Yes, No or Not Applicable** (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** |

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| **First Aid** |
| **Inspection Items** | **Yes, No or Not Applicable** (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** |

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| **Waste Disposal** |
| **Inspection Items** | **Yes, No or Not Applicable** (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** |

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| **Hazardous Materials**  |
| **Inspection Items** | **Yes, No or Not Applicable** (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** |

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| **Environment**  |
| **Inspection Items** | **Yes, No or Not Applicable** (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** |

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| **General Worker Safety** |
| **Inspection Items** | **Yes, No or Not Applicable** (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** |

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| **Safe Work Practices** |
| **Inspection Items** | **Yes, No or Not Applicable** (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** |

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| **Ergonomics** |
| **Inspection Items** | **Yes, No or Not Applicable** (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** |

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| **Fire Safety and Security**  |
| **Inspection Items** | **Yes, No or Not Applicable** (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** |

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| **Entrances and Exits** |
| **Inspection Items** | **Yes, No or Not Applicable** (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** |

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| **Storage** |
| **Inspection Items** | **Yes, No or Not Applicable** (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** |

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| **Electrical** |
| **Inspection Items** | **Yes, No or Not Applicable** (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** |

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| **Equipment and Machinery** |
| **Inspection Items** | **Yes, No or Not Applicable** (Circle one) | **Corrective Action Planned** | **Who is Responsible** | **Action Date** |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
|  | **Yes No N/A** |  |  |  |
| **Other Notes:** |