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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:** | | | | |