

WORKSITE INSPECTION FORM

Date: _____ Location: _____

Completed by: _____

| OBSERVATIONS | | | | | | | FOLLOW UP | | |
|--------------|--------------------|-----------------|---------------|----|--------------------|-------------|-----------|----------------------|----------------|
| ITEM # | HAZARD(S) OBSERVED | Hazard Severity | Repeat Item ✓ | | RECOMMENDED ACTION | REPORTED TO | DATE | ACTION TAKEN BY WHOM | DATE Completed |
| | | (A,B,C) | Yes | No | | | | | |
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Hazard Severity: "A" – Control must be put in place before work, "B" – Control must be put in place within two days, "C" – Control must be put in place within one week.