Inspection Form

Report date: _____ **Report time:** _____

Location: _____ **Completed by:** _____

Items to watch for:

- Aisles, work surfaces
- Atmospheric condition ventilation
- Bulletin board
- Buildings and structures, windows, floors, doors, stairs
- Containers
- Elevators, escalators, manlifts
- Electrical wiring, cords
- Exits, alarms, emergency lighting, drills
- Fire protection equipment
- First Aid, contents, training
- Flammable Liquid, gas labels, storage containers
- Hand and Power tools
- Heating and cooling
- Housekeeping
- Job procedures
- Ladders, scaffolds
- Lighting
- Locker and lunch room
- Maintenance
- Materials handling equipment
- Operator authorization
- Pressure vessel, inspection
- Production equipment guarding controls
- Proper lifting
- Safe work practices
- Safety training
- Sanitation
- Smoking
- Storage facilities, areas
- Toxic material storage, labels
- Vehicles
- Warning signs, labels

Priority:

A - Control must be put in place before work commences

B - Controls must be put in place within two days

C - Controls must be put in place within one week

Priority	Description	Corrective Action	Completion Date	Completed By