DOC.REV.06/02/01

Work Site/Facility Safety Inspection:

Company:_____ Date:_____

Location: _____ Inspected by: -_____

-_____

ITEMS TO LOOK AT:

Hazard Priority No. (Severity): *# 1 Imminent Danger #2 Serious #3 Minor #4 Okay #5 Not Applicable*
Hazard Letter No. (Probability): *A. Probable B. Reasonably Probable C. Remote D. Unlikely*
(Note: all ones and twos must be transferred to a corrective action form as well)*

__ Building and Structures, Windows Floors, Doors, Stairs, Catwalks etc.

__ Storage facilities, Areas

__ First aid, contents, Training

__ Aisles, Work surfaces

__ Toxic material storage, Labels

__ PPE (Personal Protective Eq.)

__ Lighting

__ Flammable liquid, gas, labels storage containers

__ Warning signs, labels

__ Electrical wiring, cords

__ House Keeping

__ Pressure vessel, inspection

__ Structures and Supports

__ Safety manuals, WH&S Regs W.H.M.I.S. binders & MSDS

__ Production equipment, guarding controls

__ Fire protection equipment

__ Locker and lunch room

__Exits, alarms, emergency lighting

__ Hand & power tools

__ Excavation, Trenches

__ Sanitation/Clean water access

__ Ladders, Scaffolds

Number Priority & Probability:	**Description:**	**Corrective Action:**	**Completed by:/Date/Time** ***Initials 00/00/00 00:00 am/pm***

Reviewed By:_____ **Date:_____**