Workplace Inspection Corrective Action Form Sample

Please note the following document is a sample. Review carefully and modify this document to meet the needs and requirements of your organization.

Location Inspected:

Date/Time of Inspection:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Unsafe condition** | **Location** | **Recommended corrective action** | **Person responsible** | **Priority** | **Date complete/**  **Initials** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

Inspection performed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Manager: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_