

WORKPLACE INSPECTIONS

SAMPLE – CORRECTIVE ACTION REPORT FORM

Area inspected: _____

Date/Time of inspection: _____

Description of Item or Hazard	Location of Item or Hazard	Priority Ranking	Recommended Corrective Action	Person Responsible For Action	Target Date	Follow up Date/Initials

Inspection performed by: _____

Report written by: _____

SIGNATURES & DATE

(CEO)

(Human Recourse)

(General Manager)

(OH&S Committee)