

# WORKPLACE INSPECTIONS

## SAMPLE – CORRECTIVE ACTION REPORT FORM

Instructions: To be completed by the Workplace Inspection Team

<b>INSPECTION REPORT</b>		<b>AREA INSPECTED</b> <input type="checkbox"/> First floor/grounds <input type="checkbox"/> Second Floor <input type="checkbox"/> Third Floor			
Inspectors Name(s):		Date:			
Item #	Responsible Department	ITEMS DETECTED FOR CORRECTION/ACTIONS TAKEN	Person Responsible	Date to be Completed	Date Completed

**SIGNATURES**

\_\_\_\_\_

(OH&S Committee Member)

\_\_\_\_\_

(Manager)

\_\_\_\_\_

(Employee)

Date:    /    /

Date:    /    /

Date:    /    /

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SAMPLE