# Workplace Inspection Report

Location: ___________________________ Date: (dd/mm/yy) ____________ Return to: _____________________________ By: ___________________________

(Name & Location of Inspector) (Date)

<table>
<thead>
<tr>
<th>Item # *</th>
<th>Hazards Observed</th>
<th>Repeat Item (Y/N)</th>
<th>Priority (H/M/L)</th>
<th>Cause (PEMEP)</th>
<th>Recommended Action</th>
<th>Person Responsible for Action</th>
<th>Action Taken</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Inspected by: ___________________________ Date: ____________  

Supervisors signature: ___________________________

Date: ____________

* Immediate Action Required – Record Corrective Action
Instructions for Completion

Workplace Inspection Report

The Workplace Inspection Report is designed to ensure that hazards observed during inspections of the workplace are corrected in an orderly fashion. The form should be used to report inspections carried out by members of the Joint Health & Safety Committee.

The following suggestions may assist you in making your inspection activity more effective.

- A representative of the work area being inspected should always accompany the inspecting person or group, so as to observe and/or explain certain situations.

- Hazards observed by the Inspector should be recorded in the section marked “hazard observed”.

- Hazards should be itemized (e.g., 1, 2, 3, …). If a hazard requires immediate attention, flag it with an asterisk (*).

- For each hazard, indicate if a repeat item and assign a priority, such as high/medium/low.

- The Corrective Action section is to be completed by the supervisor of the work location. The corrective action should indicate if:
  1) the correction has been completed (made),
  2) a decision is pending, or
  3) the corrective action has been ordered and will soon be done.

All items flagged with an asterisk (*) must be addressed with corrective action immediately.

The original and second copy of this report should be retained by the supervisor at the time of the inspection. The second copy, with the completed corrective action plan should be returned to the Inspector at the location indicated on the top. This returned copy should be reviewed and dated. The third copy should be retained by the Inspector.