**Inspection report**

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| Item # | Description of hazard:  *(specific location and/or equipment, nature of hazard)* | |
| Recommended action: *(detailed action, taking account of hierarchy of controls, two or more options where appropriate)* | | |
| Person responsible: | | Target date: |
| Item # | Description of hazard:  *(specific location and/or equipment, nature of hazard)* | |
| Recommended action: *(detailed action, taking account of hierarchy of controls, two or more options where appropriate)* | | |
| Person responsible: | | Target date: |
| Item # | Description of hazard:  *(specific location and/or equipment, nature of hazard)* | |
| Recommended action: *(detailed action, taking account of hierarchy of controls, two or more options where appropriate)* | | |
| Person responsible: | | Target date: |
| Report reviewed by:  (senior management)  Comments: | | Date: |