

**HEALTH AND SAFETY COMMITTEE  
WORKPLACE INSPECTION RECORDING FORM**

Inspection Location(s):	Time of Inspection:
Department/Areas Covered:	Date of Inspection:

Item (and location)	Hazards Observed	Hazard Class	Repeat Item		Recommended Action	FOR FOLLOW UP			Authorized Signature	
						By		Action Taken		Date Completed
			Yes	No		Yes	No			
<b>Copies to (For Action):</b>						Inspected by: _____				
<b>Copies to (for information):</b>						Worker Rep: _____				
						Management Rep: _____				