

Work site Inspection FORM (Sample)

Location:				Date:		
Inspection Team:						
Item	Observations	Recommended Action	Priority (ABC)	Person(s) Responsible	Estimated Completion Date	Actual completion Date
Work Area:						
Is the work area free from clutter and debris?						
Are the floors clear and dry?						
Are exits free, clear, and marked?						
Are all walking and work areas adequately lit?						
Are all handrails in good condition?						
Equipment/Tools						
Are tools and equipment stored properly?						
Are guards in place?						
Are damaged tools/equipment tagged?						
Is furniture maintained?						