



WORKPLACE INSPECTION REPORT

Location: _____ Date (dd/mm/yy): _____ Return to (Inspector name & location): _____ By (date): _____

Unsafe Acts & Conditions					Corrective Action			
Item #* & Location	Hazards Observed	Repeat Item (Y/N)	Priority (H/M/L)	Cause (PEMEP)	Recommended Action	Person Responsible for Action & by when	Action Taken	Date Completed
Inspected By: _____ Date: _____					<i>Above Noted Action Taken</i> Supervisor's signature: _____ Date: _____			
Inspected By: _____ Date: _____ <i>*Immediate Action required- record corrective action</i>								

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 or processes.
- 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 (*).** The location of the item should also be mentioned, if applicable.
- For each hazard, indicate if it is a repeat item and assign a priority based on risk level, such as high/medium/low. A risk evaluation chart is provided below for reference.
- 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. A proposed date or timeline should be given when identifying the person responsible for the action.

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.

RISK EVALUATION CHART

		Probability of Injury/illness		
		High	Medium	Low
Severity of injury/illness	Major	High	High	Medium
	Moderate	High	Medium	Low
	Minor	Medium	Low	Low

RESOURCES

Canadian Centre for Occupational Health and Safety (CCOHS), Risk Assessment, https://www.ccohs.ca/oshanswers/hsprograms/risk_assessment.html