

Sample Inspection Form

**Occupational Safety & Health
Inspection Form**

Date: _____ Ministry _____ Dept/Work _____

Inspected by: _____ Inspected by: _____
Employer Rep Worker Rep

| Area | Unsafe Condition/Health Hazard | Corrective Action Required And Person(s) Responsible | Disposition (e.g. Follow-up/Completion Date) |
|------|--------------------------------|--|--|
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