

Quarterly workplace safety and health hazard inspection form

Inspection date:

Quarter:

Quarter 1

Quarter 2

Quarter 3

Quarter 4

Person(s) doing the inspection:

Note: Person(s) must be trained in hazard identification

FOR INSPECTION TEAM		FOR MANAGERS/SUPERVISORS/COMMITTEE		
Inspection area	Hazards identified	Method to control hazards	Deadline date to correct hazards	Person responsible for ensuring the hazards are corrected