

Hygiene Monthly Hazard Inspection Checklist

Format No. :

Fist Issue Date:

Rev. No. & Date:

Site / Location: _____ Date: _____

Inspected By: _____

Instructions:

The inspection process must be carried out by at least two persons & Decisions, is acceptable for on join discussions and on base of personal observations sheets. For fill up checklist needs to tick or cross in the space available to each checklist item. Where cross sign is understand noncompliance at location. In case non compliance found that discuss with site supervisor for determine compliance date to respective points.

Points	Status √ Or X	Observation	Responsible person	Target Date

Auditor Sign. : _____ Date _____

Auditor Sign. : _____ Date _____

Auditor Sign. : _____ Date _____

Auditee Sign : _____ Date _____

Location / Site Manager Sign: _____ Date _____