## WORKPLACE INSPECTION RECORDING FORM

|           | DATE:           |                    | LOCATION:                   |                 |        |        |             |                  |  |
|-----------|-----------------|--------------------|-----------------------------|-----------------|--------|--------|-------------|------------------|--|
| SR.<br>NO | ITEM / MATERIAL | HAZARD DESCRIPTION | CLASSIFICATION<br>( HAZARD) | REQUIRED ACTION | RESPO. | TARGET | ACTION PLAN | COMPLETE<br>DATE |  |
|           |                 |                    |                             |                 |        |        |             |                  |  |
|           |                 |                    |                             |                 |        |        |             |                  |  |
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|           |                 |                    |                             |                 |        |        |             |                  |  |
|           |                 | VERIFIED BY:       |                             |                 |        |        |             |                  |  |