# Inspection Report

**Use this report to record the results of your regular workplace inspections.**

**Company name:**_____

**Date:** _____

**Inspectors' Names:** _____

_____

| **Type of hazard** *Critical, Urgent, or Important* | **Describe hazard and precise location** | **Recommended corrective action** | **Person responsible for corrective action** | **Due Date** | **Completed** *Yes/No* |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |