

Company Name

Inspection Checklist Report

Date/Time: _____

Location:	
-----------	--

Conducted By:	
---------------	--

<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
---------------------------------	----------------------------------	------------------------------------

Priority*	Unsafe Act/Condition	Deadline for Corrective Action (Date/Time)	Date/Time Completed:

Priority Index: 1. Imminent Danger 2. Serious 3. Minor 4. Acceptable 5. Not Applicable (N/A)

Copies to: _____ _____	Review Date: _____ _____
---------------------------	-----------------------------

Comments:
