

Blank Health and Safety Inspection Report

Date:

Time:

Location/Area:

Inspector Name:

Department/Work Area:

Inspection Checklist

Item/Area	OK	Not OK	Comments/Corrective Action Needed
Housekeeping (cleanliness, free of debris, walkways clear)			
Emergency Exits (unobstructed, marked, lights functional)			
Fire Extinguishers (accessible, inspected, properly labeled)			
PPE (available, proper usage, in good condition)			
Electrical Safety (cords undamaged, equipment grounded)			
First Aid Kits (stocked, accessible, location marked)			
Chemical Storage/Labeling (proper containers, SDS available)			
Machinery/Equipment (guards in place, maintenance up-to-date)			
Signage (warning signs, instructions, posted as required)			

Additional Findings/Observations

Describe any other findings, issues, or notes from inspection...

Corrective Actions Needed

List corrective actions required, person responsible, and target date...

Inspector Signature:

Date:

This inspection report template is for OSHA compliance and general health & safety review purposes.