

Site Inspection Report

General Information

Inspection Date	_____
Time	_____
Location/Site	_____
Inspected By	_____
Supervisor/Manager	_____

Areas Inspected

Inspection Checklist

Item/Area	Compliant	Non-Compliant	Notes/Action Required
Housekeeping			
Fire Safety			
Machinery/Equipment			
Personal Protective Equipment (PPE)			
Emergency Exits/Routes			
Chemical Storage			
Electrical Safety			
Other			

Comments/Observations

Recommendations/Actions to be Taken

Sign-Off

Inspector Name & Signature	
Date	
Supervisor/Manager Name & Signature	
Date	