

Facility Safety Compliance Report

Facility Name

Report Date

Completed By

1. General Facility Information

Location / Address

Department / Area Inspected

Description of Facility

2. Compliance Checklist

Item	Status (Compliant / Non-Compliant / N/A)	Remarks
Emergency Exits Clear		
Fire Extinguishers Inspected and Accessible		
First Aid Kits Stocked		
Hazardous Materials Properly Stored		
Personal Protective Equipment Available		
Electrical Equipment in Good Condition		
Other (specify):		

3. Identified Hazards or Deficiencies

4. Corrective Actions Recommended

5. Additional Comments

Inspector Signature

Date