

Safety Hazard Inspection Checklist

Inspector Name

Date

Location

Checklist

Inspection Item / Hazard	Yes	No	Comments/Actions Required
Enter item or hazard	<input type="checkbox"/>	<input type="checkbox"/>	Comments or required actions
Enter item or hazard	<input type="checkbox"/>	<input type="checkbox"/>	Comments or required actions
Enter item or hazard	<input type="checkbox"/>	<input type="checkbox"/>	Comments or required actions
Enter item or hazard	<input type="checkbox"/>	<input type="checkbox"/>	Comments or required actions
Enter item or hazard	<input type="checkbox"/>	<input type="checkbox"/>	Comments or required actions

Additional Notes

Enter additional notes here...