

Daily Safety Inspection Report

Date:

Location / Area:

Inspector Name:

Inspection Item	Yes	No	Comments / Actions Needed
Housekeeping			
Fire Exits & Pathways Clear			
Personal Protective Equipment Used			
Machinery/Tools in Safe Condition			
First Aid Supplies Available			
Chemical Storage Proper			
Other (Specify)			

Additional Observations / Remarks:

Inspector Signature:

Date:

Supervisor Signature:

Date: