Blank Workplace Safety Inspection Report Form

Location / Area Inspected

Date

YYYY-MM-DD

Inspector(s) Name

Department

Time

Supervisor

Purpose of Inspection

Inspection Item	Yes	No	Comments / Hazards Identified	Corrective Action / Follow-up
E.g. Fire exits clear?	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

General Observations / Additional Comments

Inspector's Signature

Supervisor's Signature

Date