

Workplace Safety Inspection Checklist

Location

Date

Inspector Name

No	Inspection Item / Area	Satisfactory	Needs Attention	Comments / Actions Required
1	Walkways and Exits Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Comments"/>
2	Fire Extinguishers Accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Comments"/>
3	First Aid Kits Stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Comments"/>
4	Electrical Equipments Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Comments"/>
5	Chemicals Properly Stored/Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Comments"/>

General Notes