

# Building Safety Inspection Checklist

Date:

Enter date

Inspector Name:

Enter name

Location/Building:

Enter location

Time:

Enter time

Area Inspected:

Enter area

Inspection Type:

e.g. Routine, Follow-Up

Item/Area	OK	Not OK	Comments/Actions Required
Describe item/area	<input type="checkbox"/>	<input type="checkbox"/>	Comment or action
Describe item/area	<input type="checkbox"/>	<input type="checkbox"/>	Comment or action
Describe item/area	<input type="checkbox"/>	<input type="checkbox"/>	Comment or action
Describe item/area	<input type="checkbox"/>	<input type="checkbox"/>	Comment or action
Describe item/area	<input type="checkbox"/>	<input type="checkbox"/>	Comment or action

General Notes / Observations:

Enter notes...

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Inspector Signature

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Date