

# Occupational Safety Hazard Inspection Form

Inspection Date

Inspector Name

Location/Area

Department

Supervisor

## Hazard Identification

No.	Hazard Description	Observed Location	Risk Level	Recommendation/Corrective Action	Action By
1			--Select- ▾		
2			--Select- ▾		
3			--Select- ▾		
4			--Select- ▾		
5			--Select- ▾		

Additional Comments/Observations

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Inspector Signature / Date

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Supervisor Signature / Date