

Workplace Safety Inspection Checklist

Inspector's Name:

Date of Inspection:

Workplace/Area:

Inspection Checklist

Item	Yes	No	Comments/Actions Required
Walkways and aisles are clear of obstacles			
Fire exits are clearly marked and accessible			
Fire extinguishers are available and inspected			
Personal protective equipment is used properly			
Emergency procedures are posted			
Chemicals are labeled and stored safely			
First aid supplies are accessible			

Additional Observations/Notes:

Inspector's Signature:

Date:

