



SAFETY INSPECTION REPORT

Building: _____ Inspected by: _____

Date: _____ Time: _____

(check) satisfactory (X) requires action

	Items and Areas to Inspect	check or X	Action required	by Whom
FACILITY	Egress			
	Fire Extinguishers			
	Floor Maintenance			
	Furniture			
	<i>Unspecified Hazards</i>			
	Lighting – Room			
	Lights - Exit Signs			
	Storage Facilities			
	Tripping Hazards			
SAFETY	Combustibles			
	Hazardous Material Disposal			
	HM Storage			
	Emergency Procedures			
	First Aid Facilities			
	Personal Protective Equipment			
	Safety Signage			
	Security			

OTHER				
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