



FORMAL WORKPLACE INSPECTION FORM

Inspected by:

Building:

Review Date:

Department:

Manager Reviewing:

Date Inspected:

Date of Follow-Up Inspection:

| | | | |
|----------------------------------|---------------------------|-------------------------------------|--------------------------|
| (P) robability of Event | Unlikely | Probable | Likely |
| (S) everity of Event | First Aid Minor Damage | Lost Time Injury Moderate Damage | Fatal Major Damage |
| (F) requency of Exposure | Rarely (<1 month) | Often (3 times a week) | Daily |
| Add Priority Values for P, S & F | 3 Low Priority | 4-6 Medium Priority | 7-9 High Priority |

| | Hazard Identified | Recommended Action | Priority | Assigned To | Date Completed |
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Comments: (Please provide positive comments on items noted during the inspection)

Inspector

Date

Department Lead Hand

Date

Inspector

Date

Health & Safety Risk Management

Date

Inspector

Date