



WORKPLACE INSPECTION FORM

Date Inspected:

Location:

Inspection Lead:

Inspection Team:

(P)robability of Event	Unlikely	1	Probable	2	Likely	3	Value (P)	
(S)everity of Event	First Aid Minor Damage	1	Lost Time Injury Moderate Damage	2	Fatal Major Damage	3	Value (S)	
(F)requency of Exposure	Rarely (<1 month)	1	Often (3 x a week)	2	Daily	3	Value (F)	
Add Priority Values for P,S & F	3- LOW PRIORITY		4-6 MEDIUM PRIORITY		7-9 HIGH PRIORITY		TOTAL	

	Location Description	Hazard Identified	Recommended Action	Priority Value	Department
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

11					
12					
13					
14					
15					
16					

Comments: (Please provide positive comments on items noted during the inspection)

Inspector

Date

Department Lead Hand

Date

Inspector

Date

JOHSC Lead

Date

Inspector

Date

❖ Please return Inspection form to Main Office - JOHSC Support or Health and Safety Advisor after inspection.