



Government

Workplace Area being Inspected: _____

Date: _____

Inspected by (print name(s)): _____

Review by Supervisor of Work Area: _____
(upon completion of initial inspection) (print name) (signature) (date)

Review by Supervisor of Work Area: _____
(confirms mitigation of hazards) (print name) (signature) (date)

Review by Joint Health Safety
Committee or Safety Representative: _____
(print name of co-chair/safety representative) (signature) (date)

Category	Y E S		N O		Corrective Action Required (include exact location of hazard)	Employee Assigned To Correct	Date Complete	Additional Comments



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Related Document: [hyperlink to Formal Workplace Inspection and Employee Discussion](#)

Employee Discussions – Job Specific

Issues Discussed	Corrective Action Required (include exact location of hazard)	Employee Assigned To Correct	Date Complete