Community Living Society

CLS Health & Safety Program

Workplace Inspection Report

Use this report to record the results of your regular workplace inspections.

Location _____

Date _____

Inspectors' Names _____

Precise Location	Description of Hazard and Rating A, B, C (see Element B)	Recommended Corrective Action	Person Responsible for Corrective Action	Due Date	Completed	
					Yes	No

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					Yes	No