

Inspection Summary & Action Plan

Work Area:	Prepared By:		Inspection Date:	
Hazard Identified Corrective Measures Required	Work Area	Priority	Completion Date	
			Projected	Actual
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
Safety Coordinator's Signature:			Date:	