

Safety Inspection

Company Name:	Date/Time:
Location:	Project #:
Areas Inspected:	Inspection Conducted By:

PRIORITY INDEX

Severity 1. Imminent Danger 2. Serious 3. Minor 4. Negligible/Ok 5. Not Applicable

Probability A- Probable B- Reasonably probable C- Remote D- Extremely Remote

Hazard Number	Hazard Priority	Description of Hazard <i>(include location)</i>	Recommended Action	Person Responsible for Action	Action Taken by <i>(Signature)</i>	Date & Time Completed
1						
2						
3						
4						
5						
6						
7						

Reviewed by (Manager's signature): _____

Date: _____

Comments: