

WORKPLACE INSPECTIONS

SAMPLE - CORRECTIVE ACTION REPORT FORM

Department/Unit/Site Inspected: _____ Date and Time of Inspection: _____

OBSERVATION				FOLLOW UP		
	Inadequate Condition Identified and specific location (eg: Room #)	Recommended Corrective Action to be Taken	Person Responsible	Action Taken	Date Action Completed	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Inspection performed by: _____ Date: _____
 Signature of Manager: _____ Date: _____