

# Workplace Inspection Report

Date of Inspection: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Inspection conducted by: \_\_\_\_\_

Inspector(s) accompanied by: \_\_\_\_\_

Areas being inspected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HAZARD DETAILS:

Description (identification): \_\_\_\_\_

Factors contributing to the hazard: \_\_\_\_\_

Risk to Health & Safety of persons at work (assessment): \_\_\_\_\_

\_\_\_\_\_

Assessment of adequacy of current control strategies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendation for consideration by: \_\_\_\_\_



# WORKPLACE INSPECTION REPORT:

Comments:

Reasons for inspection:

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Previous reporting of hazard(s):

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Proposals/recommendations for changes to work systems, equipment etc. Include a timeframe:

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Safety program implementation(s):

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Attachments?

Photographs

Other documentation

Please return to:

(organisers name)

GPO BOX 116  
SYDNEY NSW 2001

