

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:

Previous reporting of hazard(s):

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

Safety program implementation(s):

Attachments?

Photographs

Other documentation

Please return to:

(organisers name)

GPO BOX 116
SYDNEY NSW 2001

