|  |  |  |  |
| --- | --- | --- | --- |
| **Facility/Location** |  | **Date** | Click or tap to enter a date. |
| **Inspection Area** |  | **Inspection Team** |  |

|  |  |
| --- | --- |
| **Overall Safety Rating** | Choose an item. |
| **Positive Observations** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Observation/Deficiency**  *(include location in as much detail as necessary)* | **Hazard Rating** | **Recommendation** | **Person Responsible Assigned** | **Expected Completion Date** |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |
| **Hazard Rating**  Low – Low probability of causing minor harm to person or property. Recommended resolution within 30 days  Moderate – Moderate probability of causing serious harm to person or property. Recommended resolution within 14 days  High – High probability of causing significant and severe harm to person or property. Recommend resolution within 48 hours | | | | |