|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **McMaster University**  **[Name] Joint Health and Safety Committee**  **WORKPLACE INSPECTION RECORDING SHEET**  **Building/Dept/Area Inspected:**  **Date of Inspection:**  **Inspector Name(s):** | | | | | |
| **LOCATION**  (Room No.) | BRIEF DESCRIPTION OF  HAZARD OBSERVED  **Note:** High Risk Hazards Requiring Immediate Action to be marked with an asterisk (**\***) | **RECOMMENDED**  **CORRECTIVE ACTION** | **RESPONSIBLE SUPERVISOR** | *Shaded area to be filled out by responsible supervisor* | |
|  |  |  |  | **REVIEW OF HAZARD AND**  **CORRECTIVE ACTION TAKEN** | **DATE ACTION TAKEN** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Instructions to Supervisors:**  *After completing the shaded areas and signing this report, please return completed form to the co-chairs of the Joint Health and Safety Committee within 3 weeks of the date of inspection.*  *For high risk hazards marked with an asterisk (***\****), please take immediate action. Return completed form as soon as possible, but no longer than 1 week from date of inspection. Thank you for your cooperation*.  **Co-Chairs, *[Name]* Joint Health and Safety Committee**  **Name(s):**  **Phone:**  **Cell:**  **Email:** | | | | I have reviewed the hazard(s) noted above, and have recorded the corrective action(s) which have been taken to address these.  **Supervisor’s Signature**:  **Date:** | |