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| **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 OFHAZARD 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** |
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| **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:**  |