



## Southern Health-Santé Sud – (*location*) Workplace Safety & Health

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Safety Inspection of: (*location*)

(*Date & time of inspection*)

Inspection Team: (*Employer rep & Employee rep*)

(*Department*)

### **Manager –**

Please review and provide a response/action to each item. Thank you

**#1**

**Hazard:**

**Action Required/  
Recommendations:**

**Changes made/Checked by:**

**#2**

**Hazard:**

**Action Required/  
Recommendations:**

**Changes made/Checked by:**

**#3**

**Hazard:**

**Action Required/  
Recommendations:**

**Changes made/Checked by:**

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**#4**

**Hazard:**

**Action Required/  
Recommendations:**

**Changes made/Checked by:**

**#5**

**Hazard:**

**Action Required/  
Recommendations:**

**Changes made/Checked by:**

**#6**

**Hazard:**

**Action Required/  
Recommendations:**

**Changes made/Checked by:**

**#7**

**Hazard:**

**Action Required/  
Recommendations:**

**Changes made/Checked by:**

**Positive Items of Note:**