WORKSITE INSPECTION ACTION REPORT

Date: _____ Job Site: _____ Client: _____

Inspection item requiring correction (List item number and description from Hazard Form)	*Hazard Ranking	Corrective responsibility assigned to	Correct by date	Item corrected

*Hazard Ranking:
A: Critical Hazard – Immediate Action
B: Potential Hazard – ASAP (Give reasonable deadline)
C: Requires Improvement – ASAP (Address these items only after all the other prioritized hazards have been rectified.

Active First Aid Inc. 2011