

# DAILY SAFETY INSPECTION FORM


FORM NO. :

REV. NO.

REV. DATE.

DATE OF AUDIT	AREA OF AUDIT	DEPARTMENT	SHIFT	SUPERVISOR	INSPECTED
					PPE AND SAFETY EQUIPMENT

SR	EMPLOYEE NAME	SAFETY SHOES	SAFETY HELMET	SAFETY GLASSES	HAND GLOWS	FUEME MASK	GAS MASK	WELDING GLASSES	SPECIAL GALSS FOR CUTTING	SAFETY BELT	SAFETY HANESSES	SAFETY CLOTHS	EAR PLGUS	HAINET	ARM SLEVES	OBSERVATION / COMMENTS	EMPLOYEE SIGNATURE

	INSPECTED BY
	SIGNATURE: _____ DATE _____