

HAZARD INSPECTION FORM

[ISO 14001 | OHSAS 18001] ENVIRONMENT HEALTH AND SAFETY

FORMAT NO.:

Date of Inspection: ____/____/____. Area / Location / Department: _____

#	Identified Hazard Description	Type of Hazard	Possible Impacts	Risk Level & Description	Immediate Actions	Responsible	Inspection Note

Team Name & Signature:

- | | |
|-----------------------|-----------------------|
| <p>(1)</p> <p>(3)</p> | <p>(2)</p> <p>(4)</p> |
|-----------------------|-----------------------|

Auditee Note:	Department Head Sign.
M.R. Note:	System Representative Sign.