WORKSHOP SAFETY INSPECTION PLAN

FORMAT NO.:

MONTH & YEAR	

#	DESCRIPTION	LOCATION - 01					LOCATION - 02					LOCATION - 03					LOCATION - 04					LOCATION - 05				
		MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI
PERSONAL PROTECTIVE EQUIPMENT																										
01																										
02																										
03																										
04																										
05																										
FIRST AID KIT BOX																										
01																										
02																										
03																										
04																										
05																										
FIRE EXTINGUISHERS DEPLOYMENT																										
01																										
02																										
03																										
04																										
05																										
RESCUE EQUIPMENT & EMERGENCY PREPARENESS																										
01																										
02																										
03																										
04																										
05																										
HOUSEKEEPING & ENVIRONMENTAL CONDITION																										
01																										
02																										
03																										
04																										
05																										
TOOLS & EQUIPMENTS																										
01																										
02																										
03																										
04																										
05																										

SAFETY OFFICE SIGNATURE	ENVIRONMENT HEALTH & SAFETY - MANAGER