COMMUNITY LIVING-CENTRAL HURON

Supervisor's Workplace Inspection Report

Location: ________________________________ Month/Year: ____________________

		Unsafe Acts & Condition					**Corrective Action**				
Item *****	Date	Area Inspected	Hazards Identified	No Hazards Observed	Unsafe Act	Unsafe Condition	Made	Pending	Ordered	Assigned To	Due Date

Inspected by: ____
Supervisor

Above-Noted Action Taken: ____________________
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Coordinator's or Executive Director's Signature

Date submitted to Coordinator: ___________________________

Date: ______________________________________

*** Immediate action required - Record Corrective Action**

Revised: January, 2016.