



University of Toronto
Joint Health and Safety Committee
WORKPLACE INSPECTION RECORDING SHEET

Building/Department/Area Inspected:

Date of Inspection:

Inspector(s):

LOCATION (Room No.)	BRIEF DESCRIPTION OF HAZARD OBSERVED <i>Note:</i> High Risk Hazards Requiring Immediate Action to be marked with an asterisk (*)	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE SUPERVISOR	<i>Shaded area to be filled out by responsible supervisor</i>	
				REVIEW OF HAZARD AND CORRECTIVE ACTION TAKEN	DATE ACTION TAKEN

Instructions to Supervisors:

After completing the shaded areas and signing this report, please return completed form to the co-chairs of the Joint Health and Safety Committee (address listed below) within 3 weeks of the date of inspection.

For high risk hazards marked with an asterisk (*), please take immediate action. Return completed form as soon as possible, but no longer than 1 week from date of inspection. Thank you for your cooperation.

Co-Chairs, Joint Health and Safety Committee
Room _____ Building _____
Telephone _____
Fax _____

I have reviewed the hazard(s) noted above, and have recorded the corrective action(s) which have been taken to address these.

Supervisor's Signature: _____

Date: _____