**<Company/Location> FACILITY INSPECTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Department:** | **Inspection Team:** | | | **Inspection Date:** | |
| **Location** | **Nature of Deficiency** | **Corrective Action** | **Hazard Class** | **Anticipated Closure Date** | **Sign-Off** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Guidance:**

**A −** Indicates that the deficiency must be marked and isolated if possible. Work must stop and an assessment must be conducted to determine the appropriate corrective action. Supervisor sign-off is required before restarting.

**B −** Indicates that the deficiency must be reported to a supervisor immediately. Also, a short-term corrective action plan must be designed and implemented before work continues.

**C −** Indicates that the deficiency should be noted and reported to a supervisor by the end of the shift. The deficiency needs to be communicated to all workers on-site immediately. Corrective action must be designed and implemented within three days.