**Work Site Inspection Report**

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| Inspection Team: | Department(s): | Inspection Date: | Report Date: |

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| Positive Observations: |  |  |  |
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| Feedback to workers / supervisors provided by: | |  | Date: |

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| Identified Hazard | Corrective Action | Implemented by | Target Date | Completion Date | Review date |
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Hazard Assessments Updated. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Comments: |
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| Management Signature: |  |  | OHS Committee Review Date: |
| Date: |  |  |  |