**Inspection date:**

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|  |

**Quarter:**

Quarter 1  Quarter 2  Quarter 3  Quarter 4

**Person(s)doing the inspection:**

***Note: Person(s) must be trained in hazard identification***

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| **FOR INSPECTION TEAM** | | **FOR MANAGERS/SUPERVISORS/COMMITTEE** | | |
| **Inspection area** | **Hazards identified** | **Method to control hazards** | **Deadline date to correct hazards** | **Person responsible for ensuring the hazards are corrected** |
|  |  |  |  |  |
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