

VICTORIA UNIVERSITY

SENIOR WORKPLACE INSPECTION RECORDING FORM

INSPECTION LOCATION:						TIME OF INSPECTION:					
AREA COVERED:						DATE OF INSPECTION:					
OBSERVATIONS – SENIOR MANAGEMENT INSPECTOR								SAFETY OFFICER:			
ITEM NO.	ROOM OR AREA	-IF APPLICABLE- WORKER CONTACT Name and initials	ACTUAL OR POTENTIAL HAZARD	CLASSIFICATION	IMMEDIATE ATTENTION		RECOMMENDED ACTION (Who, What, When)	CODE	RESPONSIBILITY	ACTION TAKEN (Who, What, When)	TARGET DATE
					Yes	No					

<p style="text-align: center;"><u>CODE</u></p> <p>1- Repaired at School Level 2- Maintenance Repair 3- Further Investigation 4- Budget Item 5- Repeat Item 6- Housekeeping 7- Other</p>	<p style="text-align: center;"><u>CLASSIFICATION</u></p> <p>A-Major Hazard (death/critical injury) B-Moderate Hazard (serious injury/lost time) C-Minor Hazard (minor injury/no lost time)</p>
--	--

(S. Management Inspector – Print)

(Others - Print)

(Safety Officer)

(S. Management Inspector – Signature)

(Other - Signature)

(Safety Officer – Signature)