

OCCUPATIONAL HEALTH AND SAFETY INSPECTION SUMMARY

Section _ _____

Inspection date _ _____

LOCATION	HAZARD OR ISSUE IDENTIFIED	RISK 1- 6	ACTION ITEM	DEADLINE	DATE COMPLETE

Risk Assessment Matrix				
How serious could the injury be?	<i>How likely is it to be that serious?</i>			
	very likely	likely	unlikely	very unlikely
Death or permanent disability	1	1	2	3
Long term illness or serious injury	1	2	3	4
Medical attention and several days off	2	3	4	5
First aid needed	3	4	5	6

OFFICER'S NAME / TITLE	SIGNATURE / DATE
Signed by Section leader	