FACILITY MAINTENANCE SAFETY LOG

ID: FM-SAFE-2024

Facility Name: _____
Reporting Period: _____
Supervisor Sign-off: _____

DATE	LOCATION/AREA	SAFETY TASK / INSPECTION DETAIL	STATUS (P/F)	INITIALS	CORRECTIVE ACTION / NOTES

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P = Pass | F = Fail | N/A = Not Applicable Confidential Safety Documentation