

INDUSTRIAL SAFETY INSPECTION LOG

DAILY COMPLIANCE RECORD

Ref No: _____

FACILITY / ZONE

INSPECTOR NAME

DATE OF INSPECTION

SAFETY CATEGORY	INSPECTION POINT / CHECKLIST	PASS	FAIL	CORRECTIVE ACTION REQUIRED
Personal Protective Equip.	Availability and condition of Hard Hats / Eye Protection			
	Respiratory equipment filters and seal integrity			
Fire Safety & Emergencies	Fire extinguishers charged and unobstructed			
	Emergency exit paths clear and lighting functional			
Machinery & Tooling	Point-of-operation guarding in place			
	Emergency Stop (E-			

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	Stop) buttons responsive			
Hazardous Materials	SDS sheets accessible; containers labeled correctly			

ADDITIONAL OBSERVATIONS & REMARKS
INSPECTOR SIGNATURE
SUPERVISOR REVIEW SIGNATURE