MONTHLY SAFETY INSPECTION LOG

Year: 20____
Facility/Department: _____
Inspector Name: _____
Location/Area: _____
Reviewer Signature: _____

OK	INSPECTION ITEM	STATUS	CORRECTIVE ACTIONS / COMMENTS	DATE RESOLVED
	Fire Extinguishers: Charged, accessible, and tags current.			
	Exits & Walkways: Clear of obstructions, well lit.			
	First Aid Kits: Fully stocked and easily accessible.			
	Electrical: No frayed cords or overloaded circuits.			
	PPE: Available, clean, and in good condition.			

OK	INSPECTION ITEM	STATUS	CORRECTIVE ACTIONS / COMMENTS	DATE RESOLVED
	Chemical Storage: Labeled correctly; SDS available.			
	Lighting: All fixtures functioning properly.			
	Equipment: Guards in place; no visible damage.			