# Appendix 19: Workplace Inspections

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|---|---|
| **Inspection Of:** | **Date:** |
| **Location:** | **Description:** |
| | **Inspected By:** |
| **Time In:** **Time Out:** | **Page ___ of ___** |

**HAZARD RATING:**

**A. High Likelihood of Personal Injury or Material/Equipment Damage**
**B. Moderate Likelihood of Personal Injury or Material/Equipment Damage**
**C. Low Likelihood of Personal Injury or Material/Equipment Damage.**

| Area Item # | Responsible Subcontractor | Hazard Rating | Observations & Actions Taken |
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| Area Item # | Responsible Subcontractor | Hazard Rating | Observations & Actions Taken |
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**Comments:**

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Weather Conditions _____ & Temperature _____

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**Conducted By [Signature (s)]**

cc.
- ❑ Site Superintendent
- ❑ Project Management
- ❑ Health & Safety Committee
- ❑ Trade Contractors identified on report