



Regulatory Safety Inspection Report

Basic Information					
Date:		Job Number:		Job Name:	
Job Address:					
Specific Work Site/Area Inspected:					
Time Inspector Arrived:		First Person Inspector Contacted:			
Was A Company Representative Available At The Work Site When The Inspector Arrived?					
If No, Was The Inspector Asked To Wait For The Company Representative To Arrive?					
Did Inspector Wait For Company Representative?			If Yes, How Long?		
If No, Why Not?					
Explanation:					
Opening Conference					
Inspector:		ID No:		Agency:	
Address:				Phone:	
Inspector's Experience/Training:					
Does Inspector Speak A Foreign Language?		If Yes, What Language?			
Name Of Employer Inspector Intends To Inspect:					
Reason For Inspection:			If Complaint, Was Copy Provided? (Attach Copy)		
If No, Why Not?					
Explanation:					
Company Representative:			Employee Representative:		
Other Participants:					
Documents Reviewed (Attach Copies) - List Document Names Below:			Documents Requested in Writing (Attach Copies) - List Document Names Below:		
Was Inspector Given A Safety Briefing?				Does Inspector Understand/Acknowledge Safety Requirements?	
Does Inspector Have Required PPE?				Does Inspector Understand/Acknowledge PPE Requirements?	
Inspection					
Company Representative:			Employee Representative:		
Other Participants:					
Employee(s) Interviewed (Attach Statements):					
Did Inspector Speak Same Language As The Employee(s) Interviewed?			If No, Which Employee(s) (List Below)		
Supervisor(s) Interviewed (Attach Statements):					



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Did The Inspector Identify Any Conditions/Work Practices He/She Believed Were Violations?		
If Yes, What Specific Conditions/Work Practices (List Below)		Applicable Regulation
1		
2		
3		
4		
Did The Inspector Photograph The Conditions/Work Practices?		If Yes, Did Company Rep Take One?
Did The Inspector Measure The Conditions/Work Practices?		If Yes, Did Company Rep Measure?
What Specific Action Does The Inspector Believe Must Be Taken To Abate The Conditions/Work Practices? (List Below)		
1		
2		
3		
4		
Closing Conference		
Date:	Time:	Location:
# of Hours Inspector Onsite:		Total Inspection Days: (note: 5 hours = 1 day)
Company Representative:		Employee Representative:
Other Participants:		
Alleged Violation 1:		
Applicable Regulation:		Classification:
Were Employee(s) Exposed:	If Yes, Their Name(s)?	
Other Witnesses:		
Photos By Whom:		Measurements By Whom:
Inspector's Recommended Action To Abate:		
Where Did Inspector See This Action Used Successfully Before?		
Abatement Due Date:	Other Comments:	
Alleged Violation 2:		
Applicable Regulation:		Classification:
Were Employee(s) Exposed:	If Yes, Their Name(s)?	
Other Witnesses:		
Photos By Whom:		Measurements By Whom:
Inspector's Recommended Action To Abate		
Where Did Inspector See This Action Used Successfully Before?		
Abatement Due Date	Other Comments:	



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Alleged Violation 3:			
Applicable Regulation:		Classification:	
Were Employee(s) Exposed?	If Yes, Their Name(s)?		
Other Witnesses:			
Photos By Whom:		Measurements By Whom:	
Inspector's Recommended Action To Abate:			
Where Did Inspector See This Action Used Successfully Before?			
Abatement Due Date:	Other Comments		
Alleged Violation 4			
Applicable Regulation:		Classification:	
Were Employee(s) Exposed?	If Yes, Their Name(s)?		
Other Witnesses:			
Photos By Whom:		Measurements By Whom:	
Inspector's Recommended Action To Abate:			
Where Did Inspector See This Action Used Successfully Before?			
Abatement Due Date:	Other Comments:		
Additional Information			
		Signature	Date
Site Supervisor			
Company Representative			
Employee Representative			