

## SAFETY INSPECTION RECORD

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**DATE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

In the areas below, all unsafe actions and physical conditions should be noted.

	<b>OK X</b>	<b>UNSAFE CONDITION</b>	<b>CORRECTIVE ACTION</b>	<b>DATE CORRECTED</b>
Housekeeping:				
Laundry:				
Maintenance Ladders:				
Maintenance Tools & Equip:				
Flammables & Combustibles:				
Fire Protection System:				
Portable Fire Extinguishers:				
Water Supplies/ Hoses/ Sprinklers				
Fire Alarm Systems:				
Evacuation Route				
Emergency Exit / Signs / Lights				
Walkways				
Stairs				
Elevators				
Doors				
Common Areas				
Exterior Areas				
Pools / Playgrounds				
First Aid Supply Kits				
Emergency Phone #'s				
Golf Carts				
Personal Protective Equip:				

**NAMES OF INSPECTION TEAM:** \_\_\_\_\_

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