

Workplace Inspections Checklist

YOUR SPACE

LOCATION _____

INSPECTOR(S) _____

DATE _____

A Biological

Yes No

A1

A2

A3

A4

B Chemical

Yes No

B1

B2

B3

B4

C Physical

Yes No

C1

C2

C3

C4

D Ergonomic

Yes No

D1

D2

D3

D4

E Psychological

Yes No

E1

E2

E3

E4

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NOTES

Any item on the checklist that was checked under "No" should be explained here. Make any note regarding hazards, questions or concerns you have.

