

OSHA Inspection Checklist

Work through each item in order and mark it as completed. Add a note against anything you could not complete, and sign the form when you finish.

Name: _____ Date completed: _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy Record / MRN number: _____

BEFORE YOU START

- ☐ Confirm identity and check the record is the correct one
- ☐ Confirm consent is in place and still valid
- ☐ Check for allergies, contraindications and recent changes
- ☐ Gather the equipment and paperwork you need

OSHA INSPECTION - MAIN STEPS

- ☐ Check the standard or regulation being evidenced
- ☐ Record responsible owner and completion date
- ☐ Review findings, gaps and corrective actions
- ☐ Confirm nothing has been missed

BEFORE YOU FINISH

- ☐ Complete the record while the detail is fresh
- ☐ Agree review cycle and sign-off
- ☐ Give written information and contact details
- ☐ Book or confirm the next appointment

ANYTHING NOT COMPLETED

Item: _____ Reason: _____

Action needed: _____ By when: _____

Notes

Signature and date

Checked by: _____