**Department of Environmental Health & Safety**

**Occupational Health & Safety Office**

**321 Ryan Street,**

**Essex, Vermont 05452**

*Click or tap here to enter text.* INSPECTION CHECKLIST

* Include and submit checklist(s) to UVM Project Supervisor(s) and Occupational Health and Safety Office [ohso@uvm.edu](mailto:ohso@uvm.edu).
* If repairs are needed, IMMEDIATELY pull out of service, label “Do Not Use”, and notify your supervisor.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Number** | | **Description** | | | | | |
| *Click here to enter text.* | | *Click here to enter text.* | | | | | |
| **Department** | | **Building** | | | **Location** | | |
| *Click here to enter text.* | | *Click here to enter text.* | | | *Click here to enter text.* | | |
| **Inspection Completed By (Signature):** | | | | | | | **Date:** |
| *Click here to enter text.*  Print Name | | *Click here to enter text.*  Email | | | | | *Click here to enter text.*  Phone |
| **Type** | | | | | | | |
| *Click here to enter text.* | *Click here to enter text.* | | | *Click here to enter text.* | | *Click here to enter text.* | |
| Make: *Click here to enter text.* | | | Model: *Click here to enter text.* | | | | |
| **Material** | | | | | | | |
| *Click here to enter text.* | *Click here to enter text.* | | | *Click here to enter text.* | | *Click here to enter text.* | |

| *Click here to enter text.* **Inspection Checklist** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Item #** | **Item** | **YES** | **NO** | **N/A** | **NEEDS REPAIR** |
| 1 | *Click here to enter text.* |  |  |  |  |
| 2 | *Click here to enter text.* |  |  |  |  |
| 3 | *Click here to enter text.* |  |  |  |  |
| 4 | *Click here to enter text.* |  |  |  |  |
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| 8 | *Click here to enter text.* |  |  |  |  |
| 9 | *Click here to enter text.* |  |  |  |  |
| 10 | *Click here to enter text.* |  |  |  |  |
| **Corrective Actions Taken** | |  |  |  |  |
| #*Enter here* | Describe:  *Click here to enter text.* | | | Date: *Click here to enter text.* | |
| #*Enter here* | Describe:  *Click here to enter text.* | | | Date: *Click here to enter text.* | |
| #*Enter here* | Describe:  *Click here to enter text.* | | | Date: *Click here to enter text.* | |
| #*Enter here* | Describe:  *Click here to enter text.* | | | Date: *Click here to enter text.* | |
| #*Enter here* | Describe:  *Click here to enter text.* | | | Date: *Click here to enter text.* | |
| Other Comments:  *Click here to enter text.* | | | | | |