

Safety Inspection Findings Tracker

Inspection Details

Inspection Date*: _____

Location / Site*: _____

Inspector Name*: _____

Department: _____ Options: Production, Maintenance, Logistics, Administration, Other

Inspection Type: _____ Options: Routine, Targeted, Follow-up, Other

General Comments: _____

Findings

Inspection Findings:

Findings ID	Finding Description	Risk Level	Legal / Standard Reference	Recommended Corrective Action	Responsible Person	Due Date	Status	Closure Date	Verified By	Verification Date

Options for 'Risk Level': High, Medium, Low
 Options for 'Status': Open, In Progress, Closed

Review & Closure

Overall Status*: _____ > Options: Open, Partially Closed, Closed

Reviewer Name*: _____

Review Date*: _____

Review Comments: _____

Reviewer Signature*: _____ (Sign above)