

REGULATORY INSPECTION FORM

Site Name:	_____	Project #:	_____
Site Superintendent/PM:	_____	Senior Project Manager:	_____
Date of Inspection:	_____	Time of Arrival:	_____
Inspector Name:	_____	Badge #:	_____

Contacted upon inspector arrival:

Senior PM	<input type="checkbox"/>	Time: _____	Response: _____
Safety Department	<input type="checkbox"/>	Time: _____	Response: _____

*** Make sure to make a photocopy of the compliance officers credentials and contact information. Attach a copy to this form.**

Purpose of Visit: (Circle One)

- | | | |
|--------------------|-------------------------|-------------------------------------|
| 1) Imminent Danger | 2) Fatality/Catastrophe | 3) Referral |
| 4) Programmed | 5) Follow Up | 6) Employee Complaint (attach copy) |

Attendees at Opening Conference (Names, Job Titles):

Describe in detail any remarks made during the opening conference, including any statements made to the OSHA inspector regarding the scope of the inspection, trade secrets, or any other matter of significance:

List any records, documents, or notices reviewed by the OSHA inspector:

State the names and titles of the Company representatives who accompanied the OSHA inspector during the inspection tour:

Names, company, job titles, and comments of all employees interviewed:

List all machines, equipment, or conditions inspected and their exact location:

Describe the route taken during the inspection tour:

REGULATORY INSPECTION FORM

Relevant Comments, Questions, or Concerns made by the OSHA inspector during the site tour:

Identify photographs taken by the OSHA inspector including location and activity. Make sure to take duplicate photos with a company camera to provide to the Safety Coordinator.

Time of Closing Conference:

Officer Departure Time:

Anticipated citation(s) from inspection. Include details of company representative remarks to the violations stated. [give details, suggested corrective actions, and target abatement date(s)]:

Site Representative Signature

Safety Department Signature

Site Representative Name (print)

Safety Department Name (print)

Date

Date Report Received