

Health and Safety Review

Date: _____

To: **Facility/Unit Head/Health Authority**

From: Safety Consultant/Qualified Designee

Subject: Health and Safety Inspection Reviews

Attached are the Health and Safety Inspection forms as indicated below for your review/signature:

➤ **Type of Inspection:**

- ☐ Weekly - For the week of _____
- ☐ Monthly - (Month/Year) _____
- ☐ Quarterly - (Jurisdiction) _____
- ☐ Bi-Annual- (Month/Year) _____
- ☐ Annual - (Jurisdiction) _____

➤ **Corrective Action:**

- ☐ Weekly
 - ☐ None Required
 - ☐ Work Order(s) Submitted (see attached)
- ☐ Monthly
 - ☐ None Required or Corrected on-sight
 - ☐ Work Order(s) Submitted (see attached)
- ☐ Quarterly
 - ☐ None Required or Corrected on-sight
 - ☐ Work Order(s) Submitted (see attached)
- ☐ Bi-Annual (Safety Administration)
 - ☐ None Required or Corrected on-sight
 - ☐ Attached is the corrective action response
- ☐ Annual
 - ☐ None Required or Corrected on-sight
 - ☐ Attached is the corrective action response

➤ **Corrective Action Follow Up / Critical Item Deficiency**

- ☐ Attached is the status report of required corrective action and/or identification of a significant/ongoing deficiency on Health and Sanitation Reports dated: _____

➤ **Review Signature**

Facility/Unit Health Authority _____ Date _____

Facility/Unit Head _____ Date _____

Original: Safety Consultant/Designated Staff
Copy: Procedures Officer or designee

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(R 04/21)