LOYALIST COLLEGE WORKPLACE INSPECTION

INSPECTION LOCATIONS:							START/ STOP TIME OF INSPECTION:		
DEPARTMENT/AREAS COVERED:							DATE OF INSPECTION:		
INSPECTED BY: COPIES TO (for action):									
REFERENCE:				OH&S Act	Fire Code				
Note: Click on link (underlined in blue) to see picture of "Hazard Observed".									
ITEM NO.	AREA or ROOM #	HAZARD OBSERVED	PTY	ACT or REGULATION #	RESP. SUPERVISOR	WORK ORDER#	ACTION TAKEN	DATE	
1									
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Pty 2 -Serious (likely to cause serious injury)