

# OSHA Compliance Inspection Report

Complete and Return to the Safety and Training Dept

Location Information		
State: _____	Date: _____	Time: _____ Job #: _____
Location Address: _____		
Competent Person or Foreman Onsite: _____		
Supervisor: _____	Manager: _____	
Area Manager: _____	Regional Manager: _____	
Regional Vice President: _____		
Compliance Agency Information		
Name of Agency Performing the Inspection: _____		
Compliance Officer's Name: _____	Badge Number: _____	
Phone Number: _____	Fax Number: _____	
Compliance Agency Address: _____		
Record of Events		
Did the Compliance Officer indicate any non-compliance issues?	YES	NO
If YES, what indications of observations were made? _____		
Safety or Manager Representative		
Did the compliance Officer wait for a Safety Department Representative or an Area Manager before beginning the inspection?	YES _____	How Long? _____ NO
Opening Conference Held?	YES	NO
If YES, what was stated? _____		
Did the Compliance Officer make any observations of the jobsite before announcing his/her presence?	YES	NO
If YES, what observations were made? _____		
Did the Compliance Officer specifically ask to see anything onsite?	YES	NO
If YES, describe what he/she asked to see: _____		

Did the Compliance Officer VIDEO TAPE any events onsite? YES NO

If YES, describe what was video-taped: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the Compliance Officer take PHOTOGRAPHS? YES NO

If YES, describe what was photographed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the Compliance Officer take any MEASUREMENTS or SAMPLES? YES NO

If YES, describe the measurements/samples taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the names of all employees on-site:

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Who did the Compliance Officer talk to while on-site:

Name: \_\_\_\_\_ Questions asked? \_\_\_\_\_

Name: \_\_\_\_\_ Questions asked? \_\_\_\_\_

NAME OF PERSON FILLING OUT THIS REPORT:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone # \_\_\_\_\_

Reviewed by Manager: \_\_\_\_\_

Signature of Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**Did the Compliance Officer *VIDEO TAPE* any events onsite? YES NO**

**If YES, describe what was video-taped:**

**Did the Compliance Officer take *PHOTOGRAPHS*? YES NO**

**If YES, describe what was photographed:**

**Did the Compliance Officer take any *MEASUREMENTS* or *SAMPLES*? YES NO**

**IF YES, describe the measurements/samples taken:**

**List the names of all employees on-site:**

**Name: Job Title:**

**Name: Job Title:**

**Name: Job Title:**

**Name: Job Title:**

**Name: Job Title:**

**Name: Job Title:**

**Name: Job Title:**

**Who did the Compliance Officer talk to while on-site:**

**Name: Questions asked?**

**Name: Questions asked?**

**NAME OF PERSON FILLING OUT THIS REPORT:**

**Signature: Date: Phone:**

**Reviewed by Area Manager:**

**Signature of Area Manager: Date:**

: 10.03.13

as NO