



Materials Science & Engineering
UNIVERSITY OF TORONTO

Health & Safety Workplace Inspection Report

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|-----------------------------|----------------------------|----------------------|------------------------------|
| Building & Room: | Date of Inspection: | Inspected by: | Principal Supervisor: |
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| Description of Hazards *High risk hazards requiring immediate action. | Recommended Corrective Action | <i>Corrective Action Taken by Supervisor</i> | <i>Date Action Taken</i> |
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Instructions to Supervisors:

After completing the area for Corrective Action Taken and signing this report, please return to WB140 within three (3) weeks of the date of inspection.

For HIGH RISK hazards:

For high risk hazards marked with an asterisk (*), take immediate corrective action. Return the completed form to WB140 as soon as possible, but no longer than one (1) week from the date of inspection.

Supervisor's Signature

Date