

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)