

**Universal Mechanical & Construction Services  
Joint Health & Safety Committee  
Workplace Inspection Audit Form**

Audit Locations:	Time:
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Dept./ Areas Covered:	Date:
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<b>Follow Up</b>								
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Item & Location	Hazards Observed	Hazard Class	Repeat Item		Recommended Action	Whom	When	Action Taken	Date
			Yes	No					

Copies To: For action	Inspected By:
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Copies To: For Information	Worker Rep:
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Hazard Classes	Management Rep:
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High	A condition or practice with the potential for permanent disability, loss of life, limb and/or extensive damage to structure, equipment or material.
Medium	A condition or practice with the potential for serious injury or illness resulting in serious or temporary disability or damage to property.
Low	A condition or practice with the potential for injury or illness, or property damage.