

## WORKPLACE EXAM RECORD

**Location:** \_\_\_\_\_ **Shift:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Competent Person(s):** \_\_\_\_\_

WORKING AREA(S) EXAMINED:	
<input type="checkbox"/> Area 1	<input type="checkbox"/> Area 8
<input type="checkbox"/> Area 2	<input type="checkbox"/> Area 9
<input type="checkbox"/> Area 3	<input type="checkbox"/> Area 10
<input type="checkbox"/> Area 4	<input type="checkbox"/> Area 11
<input type="checkbox"/> Area 5	<input type="checkbox"/> Maintenance Area: _____
<input type="checkbox"/> Area 6	<input type="checkbox"/> Facility Grounds: _____
<input type="checkbox"/> Area 7	<input type="checkbox"/> Other Area: _____

Adverse Conditions	Date Corrected