

# Health and Safety Review

Date: \_\_\_\_\_

To: **Facility 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 Health Authority \_\_\_\_\_ Date \_\_\_\_\_

Facility Head \_\_\_\_\_ Date \_\_\_\_\_

Original: Safety Consultant/Designated Staff  
Copy: Procedures Officer