

NASUWT Health and Safety Representative's Model Inspection Report Form

Name of establishment:

Signature:

For completion by safety representative		For completion by person responsible		
Location	Unsafe/unhealthy conditions or practices reported	Action to be taken by person responsible for health and safety	Date of report	Date of action
Inspection carried out in accordance with the Safety Representatives and Safety Committees Regulations 1977 3rd edition 1996. This record does not imply that the conditions are safe and healthy or that the arrangements for welfare at work are satisfactory.				
Name of safety representative carrying out inspection:		ection: Dat	Date:	
Record of receipt of inspection form by the employer or Date: his representative:				