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## SELF INSPECTION OR HAZARD RECOGNITION PROGRAM

(Your organization's name) has named the following individual to conduct inspections on a regular basis:

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*(Name/Title/Department)*

On a daily schedule, the supervisors for each area will be responsible for an informal inspection of their specific areas.

If problems are found, determine the reasons why the acts or conditions were allowed to exist. The deficiency will then be documented and corrected immediately.

Unsafe acts witnessed during the work shift shall be documented and corrected immediately.

Formal inspections will be done \_\_\_\_\_ times a year by the Risk Management Coordinator, Safety Committee members, or Corporate Safety Officer and will cover the entire operational facility.

All safety inspections will have their findings documented with a provisions area for corrective actions taken to remedy the hazards or violations that are found.

All formal inspections will be reviewed and signed by management in a timely manner.

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Date