Pre-use inspection Form

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| --- | --- |
| Date: | Equipment: |
| Supervisor Name:  | Reviewed: [ ] Yes [ ] No | Supervisor Initial: |

**Components to be inspected** (List components requiring inspection, and the minimum standard expected)

|  |  |
| --- | --- |
| **1.** | **6.** |
| **2.** | **7.** |
| **3.** | **8.** |
| **4.** | **9.** |
| **5.** | **10.** |

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| --- | --- | --- | --- | --- |
| Action Items and Comments | Recommended Action(s) | Priority\* | Person Responsible | Date Completed |
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 **\*High** – Response required within 24 hours - Immediately dangerous to life and health

 **Medium** – Response required within 14 days - Potential to cause injury but not immediately dangerous

 **Low** – Response required within 14 days – May result in minor or no injury, but should be corrected

 **Monitor –** Revisit within 90 days – Compliant, but circumstances may change or deteriorate