

Inspection Work Order

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WORK ORDER #

DATE

INSPECTOR NAME

ASSET / LOCATION INSPECTED

INSPECTION TYPE

☐ Safety

☐ Compliance

☐ Routine

☐ Audit

INSPECTION CHECKLIST

INSPECTION POINT	PASS / FAIL / N-A	NOTES

DEFICIENCIES FOUND

CORRECTIVE ACTION NEEDED

☐ Yes

☐ No

LINKED CORRECTIVE WORK ORDER #

PHOTO / ATTACHMENT REFERENCE

INSPECTOR SIGN-OFF / DATE

NEXT INSPECTION DUE DATE