OCCUPATIONAL SAFETY AND HEALTH PROGRAM

ANNUAL INSPECTION CHECKLIST

Operating Unit and Address

Inspection Completed and Certified by

Date of inspection

NOTE: This checklist is by no means all inclusive. You may add items that are not included. If there is an item that is not applicable, mark the appropriate box. If there is action required on any item, bring it to the attention of your supervisor so it may be corrected immediately. If you have any questions, need guidance on any item or assistance in corrective measures, please do not hesitate to contact the Regional Safety Manager at WASC (206) 526-6049 or on the Internet at judith.e.masura@noaa.gov

Complete and return to the Regional Safety Manager within 30 days of receipt.

Attachment 2

OCCUPATIONAL SAFETY AND HEALTH PROGRAM

ANNUAL INSPECTION CHECKLIST

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