QUARTERLY SAFETY INSPECTION

For use of this form, see Fort Knox Reg 385-10

ORGANIZATION/UNIT: _____ INSPECTOR: _____

DATE OF INSPECTION: _____

BLDG. #	LOCATION OF HAZARD	DESCRIPTION OF SAFETY HAZARD	CORRECTIVE ACTION(S) TAKEN/ RECOMMENDED (i.e., WO Submitted, On-site Corrections, etc.)	PROJECTED DATE OF CORRECTION