



# WISHA INSPECTION WORKSHEET

1. Inspection #		2. Violations <input type="checkbox"/> Yes <input type="checkbox"/> No w/msg <input type="checkbox"/> No w/o msg <input type="checkbox"/> No C + N			3. Total penalty	
4. CSHO ID		5. Date of entry	6. Time of entry	7. Establishment name/controlling Corporation		
8. Legal entity/Ownership a. <input type="checkbox"/> Local Gov. b. <input type="checkbox"/> State Gov. c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Partnership e. <input type="checkbox"/> Sole owner				9. Site address		
10. No. of employees employed in establishment		11. No. of employees covered by inspection	12. No. of employees controlled by employer	13. Phone #		
15a. Type of operation				15b. UBI #	16. Phone #	
14. Mailing address						

Name	Title	OC	WA	CC	17. Contaminant (HSP) codes					
					Contam.	#Samp.	#Exp.	Total #	# Vio	
18. Management official										
19. Employee rep.										
20. Employer walkaround rep.										
21. Closing conference employer rep.										
22. Names of employees interviewed		Address			Phone					

23. Names of org. emp. groups	Local number	Address	Phone

**Inspection checklist**  
**A. Opening Conference - Date:** \_\_\_\_\_

24. Entry refused by whom: \_\_\_\_\_ Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

1. Present credentials to management
2. Inform employer of purpose of visit
3. Briefly explain WISHA
4. Consulting and education services available
5. Availability of law standard, posters, records & logs
6. Confidentiality of trade secrets
7. Explain walk-around procedure

8. Request employer and employee reps
9. Discrimination
10. Walk-around pay
11. Closing conference requirements
12. Inquire of special safety requirements
13. Carcinogens
14. Examine medical, accident & haz. com. records

**B. Walk-around inspection**

15. Check posting requirements/WISHA poster
16. Check accident prevention program
17. Check first-aid trained personnel/kit
18. Take appropriate notes, locations, ID's, exposure

19. Make sketches, take photographs
20. Interview employees
21. Imminent danger situation, take action
22. Note situations which require hygienist/safety

**C. Closing Conference - Date:** \_\_\_\_\_

23. Provide complaint/discrimination copy (if appropriate)
24. Discuss hazards observed and their gravity
25. Determine reasonable abatement periods
26. Follow-up on all violations. Explain proof of correction requirements
27. Advise citation to be issued, penalties may be assessed

28. Citation must be posted
29. Extension of abatement dates
30. Explain variances
31. Appeal rights and procedures
32. Results of failure to correct

