

# Daily Room Safety Inspection Log

Date:

Room/Area:  Enter room or area

Inspected by:  Enter name

No.	Inspection Item	Pass	Fail	Comments/Actions Required
1	E.g., Doors & Windows Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Enter comments
2	E.g., Fire Exits Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Enter comments
3	E.g., Electrical Hazards Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Enter comments
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Inspector's Signature: \_\_\_\_\_