THE SOCIETY RADIOGRAPHE

SoR Health and Safety Inspection Sheet

Workplace/Area inspected:		**Date/Time of inspection:**	
Place where issue found:	Description of issue:	Has it been risk assessed?	Management reply: Remedial action taken with date or reason why action not taken. (This information to be passe on to Safety Representatives)

Name(s) of Safety Representative(s):	Name of Manager:
Date report submitted:	Date of reply:

This report does not imply that the conditions are safe and healthy or that the arrangements for welfare at work are satisfactory in all other respects.

(Keep a copy of this form)