Area: User group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: Room: \_\_\_\_ \_\_ \_ Spray Booth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Inspection:** V- visual, C- close, D – Detailed, A – Air flow, Q – Air quality

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| **Date** | **Person** | **Type of Inspection** | | | | | **Comments or maintenance contacted** |
| V | C | D | A | Q |
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**Signed by:**

Area Inspector:

WHS Committee member: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHS Committee member: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_