



# Quarterly Trades Inspection Form

Inspected By:	Building:
Date of Inspection	Shop Name:

Use the following maintenance checklist when you check your unit.  
**Check the following Pass or Fail**

Check the following	PASS	FAIL	Comments
Machinery	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Aerial Lifts/Scissor Lifts Inspected	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping/Sanitation	<input type="checkbox"/>	<input type="checkbox"/>	
Storage	<input type="checkbox"/>	<input type="checkbox"/>	
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical/Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
PPE	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	
Floor Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	
Access/Egress	<input type="checkbox"/>	<input type="checkbox"/>	
Air Quality/Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Aid Kit Inventory	<input type="checkbox"/>	<input type="checkbox"/>	
Other Comments:			

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**SEND COMPLETED FORM TO ENVIRONMENTAL HEALTH & SAFETY & SHOP SUPERVISOR**