

Certification of Periodic Inspection – LO/TO

Shop _____

Date _____

Machine/Equipment _____

Location _____

Employee(s) _____

Were any deviations or inadequacies identified?

Yes or No

If yes, what were they?

What corrective actions, if any, are required?

Is additional training needed?

Yes or No

If yes, on what?

Additional Comments:

Inspector: _____

Print

Sign and Date

Received by EHS _____

Sign and Date