

(TEMPLATE ONLY)

Name of Your Facility

Weekly/Monthly Safety and Sanitation Inspection (Specify Type of Inspection)

Date _____

AREAS: LIST ALL AREAS OF YOUR FACILITY

1. Administrative Offices

**Discrepancies Found, if any
specify:** _____

**Corrective Action(s) Taken, if any
specify:** _____

**Date, Time, and Results of Reinspection, if
applicable:** _____

2. Medical/Dental Sections

**Discrepancies Found, if any
specify:** _____

**Corrective Action(s) Taken, if any
specify:** _____

**Date, Time, and Results of Reinspection, if
applicable:** _____
