(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
2. Medical Dental Sections
Discrepancies Found, if any speccify:
Corrective Action(s)Taken, if any specify:
Date, Time, and Results of Reinspection, if applicable:

Retention Schedule: Upon completion, the facility's report similar to this attachment shall be maintained for one (1) year and then shall be destroyed.