

Studio Inspection Checklist

Conducted By:	Inspection Date:
Supervisor:	Department:
Location(s)/Usage:	
Signed Completed Actions Report Due Date:	

Housekeeping	A	D	N/C	N/A	Comments
Surfaces appear to be cleaned and decontaminated after work is performed (no chemical residue, dust, biohazards, etc.)	A			N/A	

A – Acceptable/Meeting Requirements D – Deficient/Not Meeting Requirements N/O Not Observed N/A Not Applicable

Time-sensitive chemicals (i.e. peroxide formers)

A – Acceptable/Meeting Requirements D – Deficient/Not Meeting Requirements N/O Not Observed N/A Not Applicable