

## APPENDIX A

# **UPEI Internal Inspection Completion Form**

This form is to be completed by the Area Leader annually.

I confirm that the areas under my responsibility have been fully inspected internally (by myself and/or others within my department/area) and follow-up has been completed..

Department: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Send to the Chair of the Local Health and Safety Committee.