

# Occupiers' Liability – Slip and Fall



## Sample Inspection Form

Date \_\_\_\_\_ Building \_\_\_\_\_

Location	Time	Good Condition (Y/N) *	Action taken (if any)	Inspected by Initials**
Bathroom				
Kitchen				
Front Entrance				
Side Entrance				
Back Exit				
Hallways				
Room A				
Room B				
Room C				
Room D				
Basement				
Parking Lot				
Exterior Sidewalks				
Grounds				

\* if no, action must be taken immediately and documented.

\*\* Initials must be identifiable and unique.