



**FACULTY OF MEDICINE UNIVERSITI MALAYA  
OCCUPATIONAL SAFETY, HEALTH & ENVIRONMENT (OSHE)  
INSPECTION REPORT**

<b>Inspection Date:</b>		<b>Time :</b>		<b>Inspection Location:</b>
<b>Department/unit representative:</b>		<b>Inspector:</b>		

NO.	FINDINGS	CORRECTIVE ACTION	Follow up		
			Responsible Person	Implementation Due Date	Remark
1.					
2.					

3.					
4.					
5.					

**Prepared by:**

**Accepted by:**

\_\_\_\_\_  
Inspection Team

\_\_\_\_\_  
Department/Unit representative