MONTHLY BUILDING INSPECTION CHECKLIST*

To be performed every 30 days

Company Name: ______

Inspection Date:_____

Inspected by: _____

Supervisor Signature (spot checked):_____

CONDITION		DATE
ОК	ACTION REQUIRED	Date Contractor Called and/or Work Completed
		ACTION

*Note: Also conduct tank and lift inspection forms monthly

Updated 3/23/2023

Copies of completed form should be kept on file for 12 months.

