

Hospital Restricted Area Inspection Template

Inspection Details

Date	<input type="text"/>	Time	<input type="text"/>
Inspector Name	<input type="text"/>		
Department/Area	<input type="text"/>		

Inspection Checklist

Inspection Item	Yes	No	Remarks
Access control functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Signage visible and clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Personal protective equipment available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Area clean and hygienic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency exits accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Observations

Corrective Actions Required

Inspector Signature