

# Printable Davit System Inspection Form

|                |       |         |       |
|----------------|-------|---------|-------|
| Site / Project | _____ | Address | _____ |
| Inspector name | _____ | Company | _____ |
| Date           | _____ | Time    | _____ |

*Documentation aid only. Adapt this resource to the site, manufacturer instructions, and applicable local requirements. It does not replace a competent person, professional judgment, legal advice, or a required statutory form.*

**Jurisdiction: Global. General inspection documentation aid. Adapt to site rules, manufacturer instructions, and local legal requirements.**

## Inspection checklist

### Header and scope fields

Site, project, or property name

\_\_\_\_\_

Inspection date, time, and location

\_\_\_\_\_

Inspector name, company, and role

\_\_\_\_\_

Printable Davit System Inspection Form scope and exclusions

\_\_\_\_\_

### Inspection details

|                                                                                                         |                               |                               |                              |              |
|---------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Printable davit system inspection form item, system, or process identification | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Condition observed at the time of inspection                                   | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Applicable standard, code, or internal requirement                             | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Pass, fail, not applicable, or review required status                          | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |

## Evidence and findings

|                                                                           |                               |                               |                              |              |
|---------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Photo reference or attachment number             | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Finding description with location and severity   | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Immediate risk or operational consequence        | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Corrective action required and responsible owner | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |

## Review and closeout

|                                                                      |                               |                               |                              |              |
|----------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Target completion or reinspect date         | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Qualified reviewer notes where required     | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Final status after correction or escalation | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Inspector signature and approval date       | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |

## Findings

| # | Item | Location | Severity | Action required |
|---|------|----------|----------|-----------------|
| 1 |      |          |          |                 |
| 2 |      |          |          |                 |
| 3 |      |          |          |                 |
| 4 |      |          |          |                 |
| 5 |      |          |          |                 |
| 6 |      |          |          |                 |
| 7 |      |          |          |                 |
| 8 |      |          |          |                 |

# Signature

Inspector signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

## References consulted

OSHA Recommended Practices for Safety and Health Programs

ISO 45001:2018 Occupational health and safety management systems (2018)

HSE Managing for health and safety (HSG65)

*Verify the current edition and local adoption before use.*