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| **Site:** |  | **Area:** |  | | **Date:** | |  |
| **Type:** | **Daily Monthly Quarterly Semiannual Annual** | | | **Person completing inspection:** | |  | |

| **ITEM - Use N/A for items not applicable for your area** | **FINDING** | | | **OBSERVATIONS** | **CORRECTIVE ACTIONS** |
| --- | --- | --- | --- | --- | --- |
| **Y** | **N** | **N/A** |
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