



## Program / Department Walk-Through Report

Observer: \_\_\_\_\_ Program / Department: \_\_\_\_\_

Date: \_\_\_\_\_ Group / Section: \_\_\_\_\_

Safety Coordinator: \_\_\_\_\_

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Finding Observed: \_\_\_\_\_ Room/Building: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Response to Finding**

\_\_\_\_\_  
\_\_\_\_\_  
Finding Rating:  Level 3 = as resources permit Corrected Date: \_\_\_/\_\_\_/\_\_\_  
 Level 2 Moderate = 60 days  
 Level 2 High = 1 day, remove or action plan  
 Level 1 Corrective Action Plan required

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Finding Observed \_\_\_\_\_ Room/Building: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Response to Finding**

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\_\_\_\_\_  
Finding Rating:  Level 3 = as resources permit Corrected Date: \_\_\_/\_\_\_/\_\_\_  
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