

ILSM DAILY EGRESS INSPECTION LOG

PROJECT _____

LOCATION _____

MONTH OF _____, 20__

The signatures below certify that the exits and pathways have been checked on the date indicated and were found to be or made to be clear and unobstructed. If not clear the exits were either made clear or alternate routes were established and the workers trained in their use.

DAY	DATE	INSPECTED AND CERTIFIED BY	COMMENTS
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Return ILSM Daily Egress Inspection Log to VEHS:

Attn: VEHS Hospital/Clinic Safety & Training Section

Via Fax at 343-4951 or Mail to MCN A-0201 (2665)