

Inspection/Maintenance Log



Loss Prevention
Program

By Red River Mutual

Company Name: _____

Location: _____

Property Manager: _____

Inspection/Maintenance Information

Date	Time	Area Inspected	Hazardous Conditions Noted	Corrective Action Taken	Completed By

Log Approval

Submitted By: _____

Date: _____

Approved By: _____

Date: _____