

Safety Inspection Confirmation

Date: [Insert Date]

[Recipient Name]

[Recipient Title]

[Healthcare Facility Name]

[Facility Address]

Dear [Recipient Name],

We are writing to confirm that a safety inspection has been scheduled at [Healthcare Facility Name] on [Date of Inspection]. Our team will arrive at [Time] to conduct a thorough assessment of your facility's compliance with safety regulations and standards.

Please ensure that all necessary documentation is available for review during the inspection. If you have any specific areas of concern that you would like us to address, please let us know in advance.

Thank you for your cooperation. We look forward to working with you to ensure a safe and compliant healthcare environment.

Best regards,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]