



Audit Form

Date: _____

Auditor (s): _____

Work Activity: _____

Group Audited: _____

Specific Areas Visited: _____

Category/Sub Category + / -	Follow-Up Required	Findings (Good / Bad)	What contact was made or interim corrective action taken?	Target Date
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

NOTE: Indicate the audit Category and Subcategory from the list below (i.e. B5) Include in the column good findings with a (+) and areas needing improvement with a (-)

A) Actions of People

1. Attitude
2. Avoiding Line of Fire
3. Avoiding Pinch Points
3. Barricade Set Up
4. Horseplay
5. Housekeeping
6. Looking Out for Others
7. Safe Practices
8. Smart Job Setup
9. Training / Knowledge
10. Other

B) PPE

1. Correct Gloves
2. Eyes & face
3. Fall Protection
4. FRC
4. Head / Hard Hat
5. Hearing Protection
6. Protective Clothing
7. Respiratory
8. Other

C) Tools & Equipment

1. Guards / Safety Devices
2. In safe condition/Inspected
3. Right for job/Correct Use
4. Spill Prevention Measures
5. Trained for Use
6. Waste/Recycle Containers
7. Other

D) Documentation

1. Container Labeling
2. JSA Complete, Reviewed, Onsite
3. LO/TO Complete
4. MSDS Reviewed & Onsite
5. Work practice being followed?
6. Permits: Complete and accurate
7. Other

E) Health

1. Restroom Facilities
2. Hand Washing Facilities
3. Drinking Water
4. Other

F) Environment

1. Ambient Temperature
2. Hazardous Atmosphere
3. Inclement Weather
4. Noise
5. Other

G) Facility

1. Electrical Equipment
2. Fire Extinguishers
3. General Inspection
4. Hazardous Material Storage
5. Security
6. Unsafe Condition
7. Other