HEALTH and SAFETY CONSTRUCTION SAFETY AUDIT FORM

Job Location:	Field Supervisor:	Safety Representive Performing Audit:	
Scope of Project:		Has area been cleared by Safety: ☐ Yes ☐ No ☐ N/A	Date:

PERSONAL PROTECTIVE EQUIPMENT			
	Yes	No	N/A
Hard hat			
Gloves			
Safety Glasses			
Work Shoes			
Knee Pads			
Hearing Protectors			
Respirator			
Face Shield			
Welding Shield			
Other – List:			

ELECTRICAL SAFETY			
	Yes	No	N/A
GFI in Use			
Machine Guards in Place			
Electric Cords in Good Condition			
Adequate Electrical Connections			
Exposed Electrical Wires			

LIFTING			
	Yes	No	N/A
Proper Technique			
Cart in Use			
Other Mechanical Devices			

WORK AREA - GENERAL			
	Yes	No	N/A
Orderly			
Housekeeping			
Lighting Conditions			
Hazardous Conditions Exist			
If YES – List			
Dust Control in Place			
Noise Control in Place			

STACKING			
	Yes	No	N/A
Balanced			
Top Loaded			

SCAFFOLDS			
	Yes	No	N/A
Level			
Braced			
Fall Protection in Place			
Qualified Person Present			
Proper Supports			
Scaffold Inspection			

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HAZARDOUS MATERIALS USED

Chemicals: _____

_____

_____

Others – List: _____

_____

_____

	Yes	No	N/A
Odor Present			
MSDS Available			

LADDERS

	Yes	No
In Use		
Appropriate for Job		
Used Correctly		

Comments: _____

_____

_____

HOT WORK

	Yes	No	N/A
Burning, Torch, Welding Operations			
Fire Extinguishers in Place			
Fire Protection in Place			
Proper PPE Worn			
Fire Watch			

WORKER TRAINING and PERFORMANCE

☐ Yes ☐ No Workers Following Safety Practices
If No list problems: _____

☐ Yes ☐ No Workers Need Retraining
List Names: _____

☐ Yes ☐ No Supervisor Informed

SUPERVISORS

☐ Yes ☐ No Supervisor was available and had reviewed project
If "No" Explain: _____

_____

☐ Yes ☐ No Supervisor Informed of Audit Results

COMMENTS:

_____ _____

Safety Officer Signature Date