

Construction Safety Audit Form

Project Information

- Project Name: _____
- Site Address: _____
- Audit Conducted By: _____
- Date of Audit: _____

Safety Audit Checklist

Safety Measure	Compliant	Non-Compliant	N/A	Comments
All workers wearing PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection systems in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe use of ladders and scaffolds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper signage and warnings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire safety equipment available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Workers trained in emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Regular equipment maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and organized site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Incident Investigation

- Incident Description: _____
- Date and Time: _____
- Location: _____
- People Involved: _____
- Immediate Corrective Actions: _____

Audit Signatures

- Auditor's Name: _____
- Auditor's Signature: _____
- Date: _____
- Project Manager's Signature: _____
- Date: _____