

Employee Safety Audit Form

Employee Information

Name: _____

Department: _____

Position: _____

Audit Date: _____

Audit Questions

1. Have you received adequate safety training for your role? Yes No

If no, explain: _____

2. Are you provided with the necessary PPE? Yes No

If no, explain: _____

3. Are you aware of the location of emergency exits? Yes No

4. Do you know the procedure for reporting a safety incident? Yes No

5. Are there any safety concerns in your work area? Yes No

Employee Feedback

Strengths: _____

Concerns: _____

Suggestions: _____

Supervisor's Notes

Acknowledgment

Employee Signature: _____ Date: _____

Auditor's Signature: _____ Date: _____