

Health and Safety Audit Form

Audit Information

Audit Number: _____

Date of Audit: _____

Conducted By: _____

Location/Area: _____

Health and Safety Parameters

- Are all first-aid kits stocked and accessible? Yes No
- Are employees trained in emergency procedures? Yes No
- Is the workplace free from harmful substances or chemicals? Yes No
- Are safety data sheets (SDS) available for hazardous materials? Yes No
- Are ventilation and air quality adequate? Yes No

Notes and Observations

Corrective Actions Needed

1. _____
2. _____
3. _____

Sign-Off

Auditor's Name: _____

Signature: _____ Date: _____