

Safety Audit Report Form

Audit Report Details

Audit Report ID: _____

Date: _____

Prepared By: _____

Department: _____

Audit Focus Areas

1. Fire Safety: Satisfactory Needs Improvement
2. Electrical Safety: Satisfactory Needs Improvement
3. Equipment Maintenance: Satisfactory Needs Improvement
4. PPE Compliance: Satisfactory Needs Improvement
5. Hazardous Material Handling: Satisfactory Needs Improvement

Detailed Observations

Fire Safety: _____

Electrical Safety: _____

Equipment Maintenance: _____

PPE Compliance: _____

Hazardous Material Handling: _____

Recommendations and Actions Required

Audit Confirmation

Name: _____

Position: _____

Signature: _____ Date: _____