

Workplace Safety Audit Form

Audit Details

Audit ID: _____

Audit Date: _____

Audit Conducted By: _____

Position: _____

General Workplace Information

Location: _____

Department: _____

Manager/Supervisor: _____

Contact Number: _____

Safety Checklist

- Fire Extinguishers are inspected and accessible.
- Emergency exits are clearly marked and free of obstructions.
- Adequate lighting in all work areas.
- Floors are clean, dry, and free of hazards.
- Machinery and equipment are in safe operating condition.
- Personal protective equipment (PPE) is available and in use.

Observations and Notes

Recommendations for Improvement

1. _____
2. _____
3. _____

Audit Approval

Auditor's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____