



SAFETY AUDIT CHECKLIST



DATE: _____ JOB# _____ JOBSITE: _____

INSPECTOR: _____ 1-Satisfactory 3-Not Applicable

2-Unsatisfactory 4-Corrective Action Taken

FOREMEN: _____

1	2	3	4	Safety Category	Comments / Actions Taken
PROPER PROTECTIVE EQUIPMENT					
				A. Safety glasses w/side shields	
				B. Hard hats	
				C. Safety harness/hooked up	
				D. Gloves	
				E. Ear protection	
				F. Face shield	
				G. Goggles	
FIRE PROTECTION					
				A. Extinguisher (20# min)	
				B. Fire watch present	
				C. Fire permit (by Owner)	
				D. Flammables stored properly	
HOUSEKEEPING					
				A. Floors/stairs/aisles	
				B. Proper storage of material	
				C. Disposal of waste	
				D. Site	
HAND TOOLS & EQUIPMENT					
				A. General conditions	
				B. Properly grounded	
				C. Ropes & slings	
				D. Fuel tanks	
				E. Gas cylinders	
				F. Baskets/buckets for tools	
				G. Pneumatic hoses	
				H. Welding leads	
				I. Electrical cords	
				J. Ground fault circuit interrupters (GFCI)	
HEAVY EQUIPMENT					
				A. Backhoe	
				B. Skid steer	
				C. Forklift	
				D. Hand signals	
SCAFFOLDING					
				A. General conditions	
				B. Hand rails	
				C. Ladders	
				D. Planks	
				E. Planks tied-off	
				F. Toe plate	

