



Safety Audit

Job Site: _____ Date: _____

Superintendent/foreman: _____

Subcontractor: _____ Fax/Email _____

Delivered by: Fax Mail Hand Email

Safety Hazard:

- | | | | | |
|---|--|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Fall Hazard | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Hard Hats | <input type="checkbox"/> Proper Attire | <input type="checkbox"/> Excavation |
| <input type="checkbox"/> Fuel Cylinders | <input type="checkbox"/> MSDS Sheets | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Ladders | <input type="checkbox"/> Guard Rails |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Reporting | <input type="checkbox"/> Scaffolding | <input type="checkbox"/> Eye Protection | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Other _____ | | | | |

Remediation: Immediately 24 hours 48 hours 72 hours

Signature: _____ Date: _____

Print Name: _____