

Construction Site Safety Audit Report

Project Name

Project Address

Date

Auditor Name

Site Manager

Weather

Site Observations

Area/Item	Status (Compliant/Non-Compliant)	Comments/Recommendations
<input type="text"/>	<input type="text"/>	<input type="text"/>
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Corrective Actions Required

Issue	Action Required	Person Responsible	Due Date	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Additional Comments

Sign Off

Auditor Signature:

Date: