

Blank Safety Audit Checklist Template for Risk Control

Audit Details

Audit Date	YYYY-MM-DD	Location	Enter location
Auditor(s)	Auditor names	Department/Area	Enter department/area

Safety Audit Checklist

#	Audit Item / Risk Area	Yes	No	Comments / Observations
1	Describe the risk or item	<input type="checkbox"/>	<input type="checkbox"/>	Comments
2	Describe the risk or item	<input type="checkbox"/>	<input type="checkbox"/>	Comments
3	Describe the risk or item	<input type="checkbox"/>	<input type="checkbox"/>	Comments
4	Describe the risk or item	<input type="checkbox"/>	<input type="checkbox"/>	Comments
5	Describe the risk or item	<input type="checkbox"/>	<input type="checkbox"/>	Comments

Corrective Actions

#	Issue Identified	Recommended Action	Person Responsible
1	Issue	Action	Name
2	Issue	Action	Name
3	Issue	Action	Name

Signatures

Auditor Signature

Date

Supervisor Signature

Date

Notes: Use this checklist to identify safety risks and ensure all necessary risk control measures are in place. For any issues found, record recommended actions and ensure timely follow-up.