

Blank Safety Audit Checklist Template for Risk Control

Audit Details

Audit Date	<input type="text" value="YYYY-MM-DD"/>	Location	<input type="text" value="Enter location"/>
Auditor(s)	<input type="text" value="Auditor names"/>	Department/Area	<input type="text" value="Enter department/area"/>

Safety Audit Checklist

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

Corrective Actions

#	Issue Identified	Recommended Action	Person Responsible
1	<input type="text" value="Issue"/>	<input type="text" value="Action"/>	<input type="text" value="Name"/>
2	<input type="text" value="Issue"/>	<input type="text" value="Action"/>	<input type="text" value="Name"/>
3	<input type="text" value="Issue"/>	<input type="text" value="Action"/>	<input type="text" value="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.*