

# Blank Safety Audit Checklist Template

Site/Location:

Date:

Auditor(s):

Department/Area:

## Checklist

#	Audit Point	Compliant (Y/N)	Comments	Action Required
1	<div></div>	<div></div>	<div></div>	<div></div>
2	<div></div>	<div></div>	<div></div>	<div></div>
3	<div></div>	<div></div>	<div></div>	<div></div>
4	<div></div>	<div></div>	<div></div>	<div></div>
5	<div></div>	<div></div>	<div></div>	<div></div>

## General Comments

## Signatures

Auditor Signature:

Date:

Supervisor/Manager Signature:

Date: