

Blank Safety Audit Checklist Template

Site/Location: _____ Date: _____

Auditor(s): _____ Department/Area: _____

Checklist

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

General Comments

Signatures

Auditor Signature: _____ Date: _____

Supervisor/Manager
Signature: _____ Date: _____