

# Employee Health and Safety Audit Checklist

Audit Date		Auditor Name	
Department/Area		Manager/Supervisor	

## Audit Checklist

Item	Yes	No	Comments / Action Required
Are emergency exits clearly marked and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	
Is appropriate personal protective equipment provided and worn?	<input type="checkbox"/>	<input type="checkbox"/>	
Are fire extinguishers present and recently inspected?	<input type="checkbox"/>	<input type="checkbox"/>	
Are hazardous materials clearly labeled and stored properly?	<input type="checkbox"/>	<input type="checkbox"/>	
Are first aid kits easily accessible and fully stocked?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the workplace clean and free from trip hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
Are safety signs/posters displayed where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	
Are machines and equipment properly maintained and guarded?	<input type="checkbox"/>	<input type="checkbox"/>	

## General Observations

## Corrective Actions / Follow-up

