General Safety Audit
Blank Checklist

Auditor Name:

Date:

Location/Area:

Department:

Check (✓) if compliant, (**X**) if non-compliant, or (**N/A**) if not applicable.

Checklist Items

No.	Audit Item	Yes	No	N/A	Comments/Actions
1	Describe audit item	☐	☐	☐	
2	Describe audit item	☐	☐	☐	
3	Describe audit item	☐	☐	☐	
4	Describe audit item	☐	☐	☐	
5	Describe audit item	☐	☐	☐	

General Observations & Recommendations

Add general observations, findings, or recommendations.

Auditor's Signature

Name / Signature