Job Site Safety Audit

Date: _____

Project: _____

Conducted by: _____

Foreman: _____

Safety Manual (IIPP and Code of Safe Practices)	On-Site ___	
Safety Data Sheets	On-Site ___	___ Available at Office
Heat Illness Documentation	On-Site ___	

- Inspection: (Trucks/Trailer/JoBox/Job Site)

	Yes	No	NA
Fire Extinguishers	___	___	___
First Aid Kits	___	___	___
Potable Water/Cups (2 Gal/Per Worker/Per Day)	___	___	___
Sanitation (Port-a-Potty/Washing Facilities)	___	___	___
Safety Glasses/Hard Hats	___	___	___
Equipment Inspections	___	___	___
Electrical Cords and Power Tools	___	___	___
Ladder Inspections	___	___	___
Guardrails	___	___	___
Housekeeping (Clean and Orderly)	___	___	___
Proper Use of Fall Protection Equipment	___	___	___
Emergency Plan Reviewed	___	___	___

Action Items: _____
_____
_____
_____

Proper Use of:

	Yes	No	NA
Ladders	___	___	___
Aerial Device/Scissors Lift	___	___	___
Fall Protection Equipment	___	___	___
Respiratory Protection	___	___	___
Personal Protective Equipment	___	___	___

Comments:

_____
_____
_____

Other contractors on-site: (Multi-Employer Work Site)

General Contractor: _____
Contact: _____

Subcontractors: _____
_____

Additional Safety Audit Findings/Recommendations:

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