

**HEALTH and SAFETY CONSTRUCTION SAFETY AUDIT FORM**

Job Location:	Field Supervisor:	Safety Officer Performing Audit:	
Scope of Project:		Has area been cleared by Safety: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date:

PERSONAL PROTECTIVE EQUIPMENT			
	Yes	No	N/A
Hard hat			
Gloves			
Safety Glasses			
Work Shoes			
Knee Pads			
Hearing Protectors			
Respirator			
Face Shield			
Welding Shield			
Other – List:			

ELECTRICAL SAFETY			
	Yes	No	N/A
GFI in Use			
Machine Guards in Place			
Electric Cords in Good Condition			
Adequate Electrical Connections			
Exposed Electrical Wires			

LIFTING			
	Yes	No	N/A
Proper Technique			
Cart in Use			
Other Mechanical Devices			

WORK AREA - GENERAL			
	Yes	No	N/A
Orderly			
Housekeeping			
Lighting Conditions			
Hazardous Conditions Exist			
If YES – List			
Dust Control in Place			
Noise Control in Place			

STACKING			
	Yes	No	N/A
Balanced			
Top Loaded			

SCAFFOLDS			
	Yes	No	N/A
Level			
Braced			
Fall Protection in Place			
Qualified Person Present			
Proper Supports			
Scaffold Inspection			

## HEALTH and SAFETY CONSTRUCTION SAFETY AUDIT FORM

### HAZARDOUS MATERIALS USED

Chemicals: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Others – List: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	Yes	No	N/A
Odor Present			
MSDS Available			

### LADDERS

	Yes	No
In Use		
Appropriate for Job		
Used Correctly		

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### HOT WORK

	Yes	No	N/A
Burning, Torch, Welding Operations			
Fire Extinguishers in Place			
Fire Protection in Place			
Proper PPE Worn			
Fire Watch			

### WORKER TRAINING and PERFORMANCE

Yes  No      Workers Following Safety Practices

If No list problems: \_\_\_\_\_

Yes  No      Workers Need Retraining

List Names: \_\_\_\_\_

Yes  No      Supervisor Informed

### SUPERVISORS

Yes  No      Supervisor was available and had reviewed project

If "No" Explain: \_\_\_\_\_  
 \_\_\_\_\_

Yes  No      Supervisor Informed of Audit Results

### COMMENTS:


\_\_\_\_\_  
 Safety Officer Signature

\_\_\_\_\_  
 Date

cc:    File  
       M. Nolty