SSD-012

SAFETY AUDIT CHECKLIST

Evaluate compliance. Document evidence. Assign corrective action and verify lasting closure.

2 Project Information		**3 Audit Number**	
6 Jobsite Location		**4 Audit Date**	
1 Company Information		**Audit Type / Standard**	☐ Internal ☐ Client ☐ Regulatory ☐ Other
7 Scope of Audit		**Areas / Trades Included**	
5 Auditor Name		**28 Supervisor Approval**	

1–7 Audit Information *Complete before beginning the audit.*

7 Scope of Audit	Audit Planning and Evidence
Audit objective: _____	Start time: _____ End time: _____
Applicable standards: _____	Audit route / sampling: _____
Areas / operations: _____	Workforce / shifts sampled: _____
Documents reviewed: _____	Contractors included: _____
Interviews / observations: _____	Photos / evidence attached: ☐ Yes ☐ No
Exclusions / limitations: _____	Opening meeting completed: ☐ Yes ☐ No
	High-risk operations reviewed: _____
	☐ Other: _____

8–21 Safety Audit Checklist *Mark each area compliant, deficient, not applicable, or not observed.*

AUDIT AREA	8 General Housekeeping	9 Personal Protective Equipment (PPE)	10 Fall Protection	11 Ladders	12 Scaffolds
AUDIT AREA	13 Excavation and Trenching	14 Electrical Safety	15 Lockout/Tagout	16 Tools and Equipment	17 Heavy Equipment Operations

Audit status: C - COMPLIANT D - DEFICIENCY N/A - NOT APPLICABLE N/O - NOT OBSERVED

Response: Correct imminent-danger conditions immediately and stop affected work. Record objective evidence, each finding, interim control, responsible person, target date, and follow-up verification. Applicable requirements take precedence.

22–26 Findings and Corrective Actions

Record evidence, action, ownership, target date, and verification.

#	AUDIT ITEM / AREA	OBJECTIVE EVIDENCE / FINDING	CORRECTIVE ACTION / REQUIRED RESULT	STATUS	TARGET DATE	RESPONSIBLE PERSON
1				C / D / N/A / N/O	C / D / N/A / N/O	
2				C / D / N/A / N/O	C / D / N/A / N/O	
3				C / D / N/A / N/O	C / D / N/A / N/O	
4				C / D / N/A / N/O	C / D / N/A / N/O	
5				C / D / N/A / N/O	C / D / N/A / N/O	
6				C / D / N/A / N/O	C / D / N/A / N/O	
7				C / D / N/A / N/O	C / D / N/A / N/O	

Status Key: C = Compliant D = Deficiency N/A = Not Applicable N/O = Not Observed

Audit reminder: Record objective evidence, recognize conforming practices, control urgent hazards, identify system gaps, assign one accountable owner, establish a target date, and verify completed actions before closure.

8–21 Detailed Audit Areas

8–14 Core Safety Audit Areas	15–21 Specialized Audit Areas
☐ 8 General Housekeeping ☐ 9 Personal Protective Equipment (PPE) ☐ 10 Fall Protection ☐ 11 Ladders ☐ 12 Scaffolds ☐ 13 Excavation and Trenching ☐ 14 Electrical Safety Objective evidence: _____ Status: ☐ C ☐ D ☐ N/A ☐ N/O Finding / requirement: _____ Auditor initials: _____ Reference: _____ ☐ Other: _____	☐ 15 Lockout/Tagout ☐ 16 Tools and Equipment ☐ 17 Heavy Equipment Operations ☐ 18 Fire Prevention ☐ 19 Hazard Communication ☐ 20 First Aid and Emergency Preparedness ☐ 21 Environmental Controls Objective evidence: _____ Status: ☐ C ☐ D ☐ N/A ☐ N/O Finding / requirement: _____ Auditor initials: _____ Reference: _____ ☐ Other: _____

28 Supervisor Approval

Auditor / Lead Auditor		**22 Findings Summary**	
Critical Findings Controlled?		**Affected Area / Requirement**	
Work Stopped / Restricted?	☐ No ☐ Yes - details: _____	**Management Notification Required?**	☐ No ☐ Yes - to: _____
22 Findings Summary / Comments		**Audit Review Date / Time**	Date: _____ Time: _____

Management Approval (if required)

☐ Findings summarized	☐ Risk / priority confirmed	☐ 24 Responsible Person assigned	☐ 25 Target Completion Date assigned
☐ Interim controls communicated	☐ Management escalation completed	☐ Evidence / attachments reviewed	☐ Other: _____

26 Follow-Up Verification

Before closure, confirm urgent hazards are controlled, findings are supported by evidence, corrective actions are assigned, responsible

persons and target dates are documented, affected parties were informed, and follow-up verified that completed actions are effective and sustained. Escalate overdue or ineffective actions and retain the audit record.

Finding / Corrective Action No.		**Date / Time**	
Finding / Corrective Action / Completion Evidence		**26 Follow-Up Verification By**	

27 Auditor Signature *Certification confirms the audit findings accurately reflect the evidence reviewed.*

SIGNATURE / APPROVAL	PRINTED NAME	SIGNATURE	DATE / TIME
27 Auditor Signature			
28 Supervisor Approval			
Management Approval (if required)			
Additional Approval (if required)			

23–26 Corrective Action Tracking: Assign an owner, target date, and verifier.

Use one line per corrective action. The responsible person documents completion; follow-up verifies implementation and effectiveness. Open, overdue, or ineffective actions must be escalated and carried forward until resolved.

23 CORRECTIVE ACTION / REQUIRED RESULT	24 RESPONSIBLE PERSON	25 TARGET / COMPLETED	26 FOLLOW-UP VERIFIED

27 Auditor Signature | 28 Supervisor Approval | 29 Record Retention

26 Follow-Up Verification	☐ Effective ☐ Reopen / follow-up required	Date / Time	
28 Supervisor Approval	☐ Approved ☐ Escalation required	Supervisor / Management Comments	
29 Record Retention Location / Period		Audit Closed / Retained By	

IMPORTANT: This checklist supports safety auditing and corrective-action tracking but does not replace applicable laws, regulations, permits, competent-person inspections, manufacturer instructions, site rules, or professional judgment. The employer remains responsible for audit scope, qualified auditors, hazard correction, follow-up, and secure record retention.