

## JOB SITE SAFETY AUDIT SURVEY FORM

COUNTY/MUNICIPALITY/LOCATION:	
DATE:	TIME:
JOB SITE/ADDRESS:	
NUMBER OF EMPLOYEES:	
SUPERVISOR ON LOCATION:	
WEATHER CONDITIONS:	
EQUIPMENT AND TOOLS IN USE: <small>INCLUDE VEHICLE LICENSE NUMBER</small>	
TYPE OF WORK BEING PERFORMED:	
CONDITION OF EQUIPMENT AND TOOLS:	

### OBSERVATIONS

• **Personal Protection Equipment (PPE)** | *check item(s) being used*

- |   |  |  |   |   |
|---|--|--|---|---|
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Goggle(s)       | <input type="checkbox"/> Gloves          | <input type="checkbox"/> Foot Protection        | <input type="checkbox"/> Hearing Protection |
| <input type="checkbox"/> Hard Hat(s)    | <input type="checkbox"/> Traffic Vest(s) | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> other _____        |

• **Barricades in place** | *cones, signs, flag person(s)*

☐ YES ☐ NO ☐ N/A

• **Vehicle warning lights activated where necessary**

☐ YES ☐ NO ☐ N/A

• **Safe Work Practices in Use** | *following Standard Operating Procedures (SOP): LOTO, CSE, work supervised, cutting, climbing, lifting, operating equipment or truck(s)*

☐ YES ☐ NO ☐ N/A

IF NO, EXPLAIN:

**Work area(s) maintained safely** | *electrical hazard(s), vehicular traffic, dust, lighting, fumes, tripping hazard(s), etc.*

☐ YES ☐ NO

REMARKS:

SURVEY  
CONDUCTED BY: