

Annual Safety Audit

Facility _____

Area _____

Auditor _____

Date _____

Area	Satisfactory	Action Required	Corrective Action (date)
Safety Officer			
Person assigned			
Written job description			
Written Program			
Safety Policy Statement			
Written programs			
Responsibilities defined			
Safety Plan of Action			
Safety Rules			
Operating Procedures Posted			
Administrative procedures			
Written Fire Prevention Plan			
Written Emergency Plan			
Management Responsibility			
Sufficient staff & resources			
Management commitment			
Communication w/			

employees			
Program Enforcement			
Written enforcement policy			
Records of disciplinary action			
Managers held accountable			
Hazard Identification			
Department Inspections			
Hazard Analysis for each task			
Purpose Inspections			
Safety reviews for changes			
Hygiene Inspections			
Hazard control procedures			
Hazard Control			
All hazards classified			
No employee in hazard areas			
Correction documentation			
Corrective actions taken			
Personal Protective Equipment Program			
Hazard Analysis Completed			
PPE Assessment Completed			
Replacement as required			

Adequate stocks available			
Training completed			
Communication			
Periodic Safety Communication			
Means For Communication			
Employee Participation			
Training			
Safety Orientation Program			
Pre-Assignment Task Training			
Annual re-training			
Training records maintained			
Supervisors training			
Specialized training			
Accident Investigation and Corrective Action			
Supervisors trained			
Accident investigation forms			
All accidents investigated			
Corrective actions identified			
Corrective actions taken			
Written records			
Trends evaluated			
First-aid responders trained			

Notes