

WORK SITE AUDIT FORM

SITE ADDRESS: _____ DATE: _____

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Is the job site first aid equipment fully stocked?	
Are Fire Extinguishers available and fully charged?	
Is all PPE (gloves, hardhats, safety glasses, dust mask, ear plugs, etc.) in good repair and are they being utilized by everyone on site?	
Are there protective barriers around all openings in floors, walls and excavations?	
Is the job site clear of debris, including lumber with exposed nails? Especially at the stairs, halls and open floor areas?	
Are all materials and equipment stored at a safe distance (min. 6') from perimeter of the home?	
Are all electrical cords free of entanglement and in good repair?	
Are all electrical cords connected to the power supply equipped with Ground Fault Circuit Interrupters?	
Are all tools (power and hand) in good repair? Are all safety guards operational?	
Is there an adequate supply of drinking water and cups?	
Are all job site ladders in good repair?	
Are all ladders installed and being used correctly?	
Are all slide guards installed on the roof as required?	



Print Name: _____

Signature: _____

Date: _____