

Construction Site Safety Audit Log Form

This **construction site safety audit log form** sample provides a structured template to systematically record safety inspections and identify potential hazards. It helps ensure compliance with safety regulations and maintain a secure working environment. Regular use of this form promotes accountability and proactive risk management on construction sites.

Site & Audit Information			
Project Name:	<input type="text"/>	Location:	<input type="text"/>
Date:	<input type="text"/>	Auditor(s):	<input type="text"/>
Weather Conditions:	<input type="text"/>		

Safety Audit Checklist					
#	Inspection Area/Activity	Compliant (Yes/No)	Findings/Issues	Action Required	Responsible Person
1	Housekeeping (cleanliness, debris removal, clear walkways)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	PPE Compliance (helmets, gloves, safety shoes, vests, eye protection)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Scaffolding (proper installation, access, guardrails)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Fall Protection (harnesses, guardrails, anchors)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Equipment Safety (machine guards, inspections, operator training)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Electrical Safety (cords, panels, lockout/tagout)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Fire Extinguishers/Egress (accessibility, signage, maintenance)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Chemical Handling/Storage	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Ladders & Elevated Work Platforms	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Other (specify): <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Corrective Actions & Follow Up			
Date Identified:	<input type="text"/>	Action Required:	<input type="text"/>
Assigned To:	<input type="text"/>	Target Completion Date:	<input type="text"/>
Follow-up/Comments:	<input type="text"/>		

Audit Sign-Off	
Signatures:	<input type="text"/>

Auditor Signature:	<input type="text"/>
Date:	<input type="text"/>