

Workplace Safety Self-Assessment Form

This **workplace safety self-assessment form** sample is designed to help employees evaluate their adherence to safety protocols and identify potential hazards. By using this form, workers can proactively contribute to creating a safer work environment. It serves as a practical tool for promoting awareness and compliance with occupational health standards.

Instructions: Please review each item below carefully and indicate your response. Add comments for any item requiring further attention or improvement.

Employee Information

Name:	<input type="text"/>
Department/Location:	<input type="text"/>
Date:	<input type="text"/>

Safety Practices Checklist

Item	Yes	No	N/A	Comments/Actions Needed
Work area is clean and free of hazards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Proper personal protective equipment (PPE) is worn at all times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Emergency exits and pathways are unobstructed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Fire extinguishers and safety equipment are accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
All incidents and near-misses are reported according to policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Hazardous materials are properly labeled and stored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Equipment is maintained and in good working order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Additional Hazards or Suggestions

Employee Signature

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