

Construction Project Safety Audit Checklist

Date: _____

Project Name: _____

Project Location: _____

Auditor Name: _____

Audit Checklist

Item	Description	Status (O/I)	Comments
1	Site Access and Security	___	_____
2	Personal Protective Equipment (PPE)	___	_____
3	Tool and Equipment Safety	___	_____
4	Hazardous Materials Handling	___	_____
5	Emergency Procedures	___	_____

Overall Assessment

Overall Safety Score: _____

Recommendations: _____

Auditor Signature: _____