



Date: _____

Management Job Site Audit

Job Name and Number: _____

Auditor: _____

Activity: _____

Observations - Check as Appropriate

Category	Unsafe	Good Practices
PPE	<input type="checkbox"/>	<input type="checkbox"/>
Body Position/Motion	<input type="checkbox"/>	<input type="checkbox"/>
Tools	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
Ergonomic	<input type="checkbox"/>	<input type="checkbox"/>
Work Space	<input type="checkbox"/>	<input type="checkbox"/>
Environment	<input type="checkbox"/>	<input type="checkbox"/>
Work Surfaces	<input type="checkbox"/>	<input type="checkbox"/>
Projectiles	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space	<input type="checkbox"/>	<input type="checkbox"/>
Boom lifts	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input type="checkbox"/>	<input type="checkbox"/>
Scaffold / Ladders	<input type="checkbox"/>	<input type="checkbox"/>
Welding / Cutting	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Usage	<input type="checkbox"/>	<input type="checkbox"/>

General comments or items discussed with field employees.

Crew Question:

What would you change to make your job safer for all involved?
