

# SITE SPECIFIC SAFETY AUDIT

Date Field

CITYWIDE MECHANICAL PROJECT

CHOOSE ONE BELOW ▼

COMPETENT PERSON

CHOOSE ONE BELOW ▼

JHA'S FILLED OUT AND ACKNOWLEDGED

- ☐ YES
- ☐ NO
- ☐ NEEDS CORRECTION

CORRECTIVE ACTION TAKEN

PROPPER PPE USED ON SITE

- ☐ YES
- ☐ NO
- ☐ NEEDS CORRECTION

CORRECTIVE ACTION TAKEN

PROPPER FIRST AID KITS ON SITE

- ☐ YES
- ☐ NO
- ☐ NEEDS CORRECTION

CORRECTIVE ACTION TAKEN

POTABLE WATER ON SITE

- ☐ YES
- ☐ NO
- ☐ NEEDS CORRECTION

CORRECTIVE ACTION TAKEN

ALL LADDERS UP TO OSHA STANDARDS

- ☐ YES
- ☐ NO
- ☐ NEEDS CORRECTION

CORRECTIVE ACTION TAKEN

HOUSEKEEPING

GOOD

CORRECTIVE ACTION TAKEN

ALL QUIPMENT INPECTED AND STAFF CERTIFIED

- ☐ YES
- ☐ NO
- ☐ NEEDS CORRECTION

CORRECTIVE ACTION TAKEN

GENERAL SAFETY NOTES:

OBSERVED CONTROLLING CONTRACTOR ISSUES OR CONCERNS

OVERALL SAFETY RATING ON THE JOB

GOOD / NO VIOLATIONS



NOTES OF CORRECTIVE ACTIONS