



SAFETY AUDIT CHECKLIST

HSE DEPARTMENT

| | | |
|----------------------------------|-----------------------------|---|
| Title/Branch: | Doc. No. CHZ-HSE-SAC | Phone Number: |
| Name of Manager: | Date of Audit: | Total Number of Employees on Site: |
| Audited by: M. JAFFAR HSE | Signature: | |

| SAFETY ASSESSMENT | | | | SAFETY ASSESSMENT | | | |
|--------------------------------------|----------|----------|------------------------------------|-------------------|----------|--|--|
| 1. SITE SAFETY ADMINISTRATION | Y | N | 2. HEALTH & SAFETY | Y | N | | |
| Personnel Protective Equipment | | | Medical Facilities | | | | |
| Accident Reports | | | Designated Smoking Areas | | | | |
| Fire/Safety Inspection Log | | | Washing Facilities | | | | |
| First Aid Station / Kit | | | Drinking Water & Cups | | | | |
| Emergency Response Team | | | Toilet Facilities Sanitation | | | | |
| Toolbox Talks by Manager | | | Ventilation | | | | |
| Permit to Work Procedure | | | Eating Facilities | | | | |
| Incident Report | | | Lockers/Cabinets Tidiness | | | | |
| Other Comments: | | | Fumigation & Fogging | | | | |
| | | | Other Comments: | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3. TRANSPORTATION | Y | N | 4. FIRE PREVENTION | Y | N | | |
| Use of Seat Belts | | | Adequate Fire Extinguishers | | | | |
| Licensed Operators | | | Correct Placement of Extinguishers | | | | |
| Overall Operating Condition | | | Fire Extinguisher Training | | | | |
| Tires/Lights/Brakes/Signals/Etc. | | | Tages/Inspected Fire Extinguishers | | | | |
| Fire Extinguishers | | | Evacuation Plan Posted | | | | |
| Wipers/Mirrors | | | Fire Hydrants/Hose/Nozzle/Wrench | | | | |
| Vehicle Registration | | | Emergency Telephone Numbers Posted | | | | |
| Other Comments: | | | Fire Watches (if required) | | | | |
| | | | Storage of Flammables/Combustibles | | | | |
| | | | Emergency Evacuation Drill | | | | |
| | | | Other Comments: | | | | |
| | | | | | | | |
| | | | | | | | |
| 5. HOUSEKEEPING | Y | N | 6. CHEMICAL STORAGE | Y | N | | |
| Overall Condition | | | Isolated Storage | | | | |
| Security Fences/Gates | | | Chemical Data Sheet on Site | | | | |
| Floor Safety Sign | | | Warning Signs | | | | |
| Trash Containers/Lids | | | Segregation with Tags | | | | |
| Daily Clean-up/Removal of Trash | | | Area Locked | | | | |
| Materials Stacking | | | Labels | | | | |
| Aisleways | | | Other Comments: | | | | |
| Other Comments: | | | | | | | |
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| Revision No. 00 | Page No. 1 of 2 | Doc. No. CHZ-HSE-SAC |
| Audited by: M. JAFFAR (HSE Department) | | Issued Date: 26th July 2024 |
| Auditee Name: | | Reviewed by: |



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| 7. COMPRESSED GAS | Y | N | 8. ELECTRIC CIRCUITS/CONNECTIONS | Y | N | |
|------------------------------------|----------|----------|---|----------|----------|--|
| Cylinder Secured | | | Correct Voltage | | | |
| Proper Storage (Shade, Separation) | | | Ground Fault Interrupters Used | | | |
| Protective Caps in Place | | | Water Seepage above electrical circuits | | | |
| Condition of Cylinders/Compressor | | | Broken Plugs/ Sockets | | | |
| Proper Handling | | | Lights | | | |
| Wiring Inside the Cage | | | Overall Condition | | | |
| Safety Arrangements | | | Warning Signs | | | |
| Other Comments: | | | Open Joints | | | |
| | | | Other Comments: | | | |
| | | | | | | |

Yes- OK
No - Needs Attention

Point Score= $\frac{\text{Total No. of YES}}{\text{Total No. of YES + Total No. of NO}} \times 100$ _____ x 100 = _____

| | | |
|-------------------------------|---|--------------|
| Excellent | - | 100-95 |
| Good | - | 94-90 |
| Satisfactory | - | 89-80 |
| Poor/Needs Improvement | - | 79 and below |

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