



# Jobsite Audit

www.SmartSafetyGroup.com  
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- INSTRUCTIONS:**
- 1) Auditor will audit jobsite, complete this form and review any problems that need correction with the Site Supervisor
  - 2) The Auditor and Site Supervisor will determine what measures need to be taken to fix any problems
  - 3) The Site supervisor will sign this form and retain the pink copy after the jobsite audit
  - 4) Once the Auditor verifies that all problems are fixed, he/she will complete Section 3

Date:	Company:	Job Name / Job #
Auditor:	Site Supervisor Name:	Site Supervisor Signature:

**Section 1 Problem Identification** N/A = Not Applicable    P = Pass    F = Fail

N/A	P	F	Field Conditions	N/A	P	F	Management Activities
			Access				First-Aid Kit
			Air Quality				First-aid Personnel
			Electrical				Safety Program Available
			Equipment				OSHA Log 300
			Excavation				Medical clinic map(s) available
			Fall Protection				Emergency numbers posted/known
			Hand / Power Tools				Cal/OSHA postings/permit
			Housekeeping				Weekly Safety Meetings
			Ladders				Jobsite Inspections
			Lighting				Fire Protection
			Personal Protective Equipment				Sanitary Facilities
			Scaffolding				Safety Supplies

**Section 2 Problem Description and Resolution**

<b>1.</b>	Problem/	_____
	Fix	_____
<b>2.</b>	Problem/	_____
	Fix	_____
<b>3.</b>	Problem/	_____
	Fix	_____
<b>4.</b>	Problem/	_____
	Fix	_____
<b>Comments:</b> _____		

**Section 3 Correction Verification**

Auditor Signature: \_\_\_\_\_ Date: \_\_\_\_\_