

Road Transport Safety Audit Template

Audit Date

Auditor Name

Project / Route Title

Location

Description

Safety Audit Observations

No.	Audit Item	Observation	Risk Level	Recommendation
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Comments

Auditor Signature

Date Signed