

# Weekly Construction Safety Audit Report

Project Name

Location

Audit Date

Auditor(s)

Contractor(s) On Site

## General Observations

## Safety Checklist

Item	Compliant	Non-Compliant	Comments
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
PPE Worn	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Signage/Barricades	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

## Hazards Identified

Corrective Actions Required

Auditor Signature

Date