

Construction Safety Field Audit Record Sheet

Date:

Project Name:

Location:

Auditor(s):

Contractor:

No.	Audit Item	Compliant	Non-Compliant	Comments / Observations	Action Required
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

General Comments /
Observations:

Auditor Signature:

Date: