



SAFETY AUDIT REPORT FORM

Date:		Terminal:	
Auditor (s):		Auditor (s):	
Start Time:			
Duration:			

CLASS

Serious Safety Violations (Actual observation or the evidence that a serious violation has occurred. See list at the bottom of page 2)	SSV	<input type="checkbox"/>
Unsafe Acts (An act, obvious at risk)	UA	<input type="checkbox"/>
Unsafe Conditions (A condition, obviously unsafe)	UC	<input type="checkbox"/>
Safe Acts (An act or maneuver performed within safety guidelines)	SA	<input type="checkbox"/>
Total# of Observations		

ACTION ITEMS

Serious Safety Violations:

1. Using unauthorized Electronic Devices
2. Not Wearing Seatbelt
3. Lock/Tagout
4. Standing in NO ZONE
5. Operating equipment in an unsafe manner
6. Not wearing PPE
7. Not following Coning procedure
8. Riding outside of equipment
9. Horseplay
10. Bypassing Safety devices
11. Speeding/Traffic Rules
12. Stand/Drive Under Suspended Load
13. Welding hazards
14. Clean/Safe work environment
15. Hazard awareness