

HOIST LIFT TRUCK

Safety Audit Form

Location Audited _____

Date of Audit _____

Time Begun: _____ am/pm Time Ended _____ am/pm No. of People Contacted _____

Audit Team _____

COMMENDABLE SAFE ACTIONS OBSERVED

INJURY POTENTIAL RATING

Fatality or Serious Injury Potential	Minor Injury Potential	Total

SAFETY CATEGORY	SAFETY ITEMS NOTED	FOLLOW-UP (DATE)	NOTIFICATION (If Required)

REMEMBER !
DISCUSS OPPORTUNITIES TAKEN AND OPPORTUNITIES MISSED TO WORK SAFELY !

SAFETY AUDIT CATEGORIES

Category A	Category B	Category C	Category D	Category E	Category F
Personal Protective Equipment	Positions of People	Ergonomics	Tools and Equipment	Procedures	House-keeping
<ul style="list-style-type: none"> Eyes & Face Ears Head Hands & Arms Feet & Legs Respiratory System Trunk Glove Selection 	<ul style="list-style-type: none"> Striking Against Struck by Caught Between Falling Temp. Extreme Elec. Current Inhaling Absorbing Swallowing 	<ul style="list-style-type: none"> Posture Type & Number of Motions Load Handled Work Area Design Tools & Grips Vibration Temp. Lighting Noise 	<ul style="list-style-type: none"> Right for Job Used Correct In Safe Condition Inadequate guarding Proper tools not available 	<ul style="list-style-type: none"> Is Standard Pract. Adequate for Job? Is Standard Pract. Established? LOTO Procedures Followed? Is Standard Pract. Being Maintained? 	<ul style="list-style-type: none"> Is Workplace Orderly? Oil on Floor? Accumulated Dust Areas?

SAFETY AUDIT GUIDE

When someone is Working Safely

1. Start with a positive comment on what you see.
2. Engage the person in conversation about the job and its safety aspects, including any safety problems.
3. Thank the employee.

When Someone is Working Unsafely

1. Observe, then get the person's attention.
2. Comment on what the person was doing safely.
3. Discuss with the person the possible consequences of the unsafe act.
4. Discuss with the person safer ways to do the job.
5. Get the person's agreement to work safely in the future
6. Discuss other safety issues of the job.
7. Thank the person.

SAFETY QUESTIONS

Hourly

- What part of your job do you worry about the most?
- What has been your safety experiences?
- Which rules & procedures do you find it difficult to follow?
- Where is the greatest potential for injury?
- What aspects of the safety program do you like? Why?
- Do you receive pre-job instructions? Daily contacts?
- Do you intervene when you see a co-worker doing something unsafe?
- To whom do you go when you have a safety problem?

Supervisors

- What job assignments do you think your employees worry about most?
- What are you doing to achieve accident free performance?
- What do you think your employees expect from you?
- How often do you watch people work?
- Do you give pre-job instructions?
- Does your supervisor/manager audit with you?
- How often do you discuss safety with your supervisor?
- Tell me about the safety program in your area?