

Auditor: _____ Print Name _____ Signature _____ DD/MM/YY _____

	Adequate Inadequate			Adequate Inadequate	
1. Task description			6. Workers' names legible		
2. Hazard identification			7. Reviewed / signed by foreman		
3. Hazard controls			8. Muster / assembly point identified		
4. All sections implemented			9. Tools and equipment inspected		
5. Initialed after breaks / lunch			10. PSI at task location		

Comments: _____

Auditors will comment on all inadequate items and those that are worthy of positive recognition.

