

Safety Audit Work Order

Plant Name		Date	
Audit Location/Area		Work Order #	
Requested By		Department	

Audit Description

Audit Scope / Checklist

Item	Description	Status	Comments
1			
2			
3			

Findings / Observations

Corrective Actions Required

Action Item	Responsible	Due Date	Status

Auditor's Signature

Name & Date

Supervisor/Manager Approval

Name & Date