

Audit Report HNF20

Site: _____

Procedure:

HNF Construction Ltd will complete this audit form monthly for verification of the requirements of Occupational Health, Safety and Rehabilitation.

No.	Item	Score						Average Score
		Yes/No Score	Date	Yes/No Score	Date	Yes/No Score	Date	
1.	Introductions							
2.	Safety Policy							
3.	Injury Management & Rehabilitation Policy							
4.	Roles & Responsibilities							
5.	Document Control							
6.	Hazard Identification & Risk Assessment							
7.	Job Safety Analysis							
8.	Skills & Competencies							
9.	OHS Induction							
10.	Hazard Reporting							
11.	Electrical							
12.	Hazardous Substances							
13.	Lifting Gear							
14.	Plan							
15.	Personal Protective Equipment (PPE)							
16.	Fire Protection							
17.	Tool Box Talks							
18.	First Aid & Accident Investigation							
AVERAGE								
Score Legend (optional): 5 Best Practice 4 Continuous Improvement 3 Above Standard 2 Minimum Standard 1 Non Compliance 0 Not Acceptable				Checked By: _____ Title: _____ Date: ____ / ____ / ____				