Company: _____ **Area / Department:** _____

Date: _____ **Auditor:** _____

Scoring: 1 = Poor 2 = Below Average 3 = Acceptable 4 = Good 5 = Excellent. Mark the appropriate score for each item.

Audit Item	1	2	3	4	5	Notes
Floors clean and dry	☐	☐	☐	☐	☐	
Aisles and walkways clear	☐	☐	☐	☐	☐	
Materials properly stored and stacked	☐	☐	☐	☐	☐	
Waste containers available and not overflowing	☐	☐	☐	☐	☐	
Spill kits accessible	☐	☐	☐	☐	☐	
Electrical panels accessible (36" clearance)	☐	☐	☐	☐	☐	
Fire exits unobstructed	☐	☐	☐	☐	☐	
Lighting adequate	☐	☐	☐	☐	☐	
Signage posted and legible	☐	☐	☐	☐	☐	
Tools properly stored	☐	☐	☐	☐	☐	
Personal items in designated areas	☐	☐	☐	☐	☐	
Compressed gas cylinders secured	☐	☐	☐	☐	☐	

Total Score	Maximum Possible	Percentage	Rating
____ / 60	60	____%	☐ Pass ☐ Fail

Corrective Actions Required:

Auditor Signature: _____ Date: _____

Follow-Up Date: _____