

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION WORKSITE AUDIT

Date: _____ Time: _____ AM/PM Auditor Name: _____
 Division: _____ Department: _____ County: _____
 Worksite Location: _____
 In-Travel Lane? _____ Posted Speed Limit: _____
 Operation Being Audited: _____

Category	Rating			Observations/Corrective Actions S=Satisfactory, U=Unsatisfactory, N/A=Not Applicable	Abatement Date If corrective actions needed
	S	U	N/A		
Safety Equipment					
Hard Hat					
Vest					
Shoes					
Hearing Protection					
Eye/Face Protection					
Foot Protection					
Gloves					
Chain Saw Chaps					
Other					
Traffic Control					
Signs					
Work Zone Length					
Flaggers					
Taper					
Cones, Drums					
Arrow Boards					
Attenuator					
Sight Distance					
Other					
Worksite					
Utilities Located/Guarded					
Excavation					
Confined Space					
Housekeeping					
Lockout/Tagout					
Fire Protection					
Hazardous Materials					
Electrical Hazards (GFCI)					
Other					

