

**Worksite Safety, Security, and Sanitation Audit**  
**North Carolina Department of Transportation, Division of Highways**  
**Transportation Mobility and Safety Division**

**EXAMPLE**

Revised 6-6-14

Scheduled:   
 Unscheduled:

County and Location: Moore County, SR 9009 approximately 0.75 southwest of NC 999 Division: 8

Date: June 4, 2014 Time: 10:15 AM ( AM or PM ) No. of Persons: 3

Unit/Section: Traffic Safety Unit / Mobility Section

Persons Present (names): Jane Doe, Abigail Adams, and Dolly Madison

**1. Work Activity (check all that apply)**

(codes correspond to [Workplace Safety Manual](#) safe operating procedures)

- Accident and Injury Response (10-1)
- Electrical Installation/Repairs (11A-4)
- Equipment Mounting and Dismounting (10-5)
- Field Surveying (11B-35)
- Hand Removal of Vegetation (11B-42)
- Hand Tools, Power and Manual (12B-13)
- Hazardous Materials (10-10)
- Horizontal Curve Data Collection (TEPPL W-32)
- Ladder (12B-15)
- Lifting (10-13)
- Loading/Unloading Freight (11A-13)
- Lockout/Tagout (11E-8)
- Roadway Inspection (11B-69)
- Traffic Signal Installation/Maintenance (11B-82)
- Traffic Survey Equipment/Maintenance (11B-83)
- Trailers and Towed Equipment (12B-30)
- Truck, Aerial Device (12A-26)
- Utility Make-Ready Field Investigations (TEPPL W-32)
- Vehicle Operation (10-19)
- Work Zone Safety/Traffic Control (10-21)
- Working Near Overhead High-Voltage Lines (10-22)
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**2. Personal Protective Equipment (PPE)**

- a. Safety vests
- b. Head protection
- c. Hand protection
- d. Foot protection
- e. Hearing protection
- f. Eye protection
- g. Insect and tick protection (check expiration date)
- h. Poisonous plant protection (check expiration date)
- i. Sun protection (hat, sunscreen, etc.)
- j. Elevated Protection (harness/lanyard)
- k. Seat belts
- l. Other: \_\_\_\_\_
- m. Other: \_\_\_\_\_

	S	U	NA
a.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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h.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**3. General Equipment**

- a. Back-up alarms
- b. Strobe Lights, light bars, portable beacons
- c. Equipment and hand tool condition
- d. Equipment and hand tool storage
- e. Warning signs
- f. Cones
- g. Extinguishers - charged and inspected
- h. Extinguishers - conspicuous and accessible
- i. Equipment
- j. Other: \_\_\_\_\_
- k. Other: \_\_\_\_\_

	S	U	NA
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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j.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**4. Other/Miscellaneous**

- a. Tailgate safety meeting
- b. Spotters
- c. Visibility
- d. Lighting - ambient
- e. Lighting - artificial
- f. Other: \_\_\_\_\_
- g. Other: \_\_\_\_\_
- h. Other: \_\_\_\_\_

	S	U	NA
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b.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**5. Health and First Aid**

- a. First aid kit - conspicuous and accessible
- b. First aid kit - fully stocked
- c. First aid kit - expiration dates not reached
- d. Hazardous materials - identified/stored
- e. Potable water
- f. Bathroom facilities
- g. Breaks (frequency, duration, etc.)
- h. Other: \_\_\_\_\_
- i. Other: \_\_\_\_\_

	S	U	NA
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b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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g.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

S - satisfactory  
 U - unsatisfactory  
 NA - not applicable/not necessary

**Discrepancies:**

Item	Comments and/or Corrective Action	Abatement Dates	
		Target Date	Date Corrected
2g	None - order new	July 1, 2014	
2h	None - order new	July 1, 2014	
2i	None - order hats and sunscreen lotion	July 1, 2014	
3f	Cones faded and damaged - order 3 new cones	July 1, 2014	
5b	1" x 3" bandages are missing	July 1, 2014	
5c	Triple antibiotic ointment has expired	July 1, 2014	

**General Comments:**

Need to review SOP

Need to order spare safety vests for staff

**EXAMPLE**

Audited by: Jeff Jaeger

Signature: \_\_\_\_\_ (signature)

Witnessed by: Jane Doe

Signature: \_\_\_\_\_ (signature)

Copies to: Supervisor, Section Head, Unit Head, and Branch Safety Officer