Safety Audit Report Form



TRACK OR AREA:	TERMINAL:	
DATE:	AUDITOR(S):	
START TIME:		
DURATION:	NO. EMPLOYEES OBSERVED:	
<b>SAFETY RULE VIOLATION</b> (Actual observation, or the evidence that a violated.)	a rule has been	
<b>Unsafe Act</b> (An act, obviously unsafe, not covered by rule or practice.)	a written	
<b>Unsafe Condition</b> (A condition, obviously unsafe.)	UC	
<b>Safe Act</b> (An act or maneuver performed within sat	<b>SA</b>	
OBSERVATIONS		CLASS

OBSERVATIONS	 CLASS
GENERAL COMMENTS	