UTAH SAFETY CONSULTANT
Safety consulting: construction, mining & heavy equipment, trucking

Salt Lake City, UT 84103
435-901-9601
Mon-Fri 9:00 AM - 5:00 PM

Site Safety Audit Report

Client	[Client company name]
Site	[Site name]
Site address	[Address]
Industry	[Construction / Mining & heavy equipment / Trucking & transportation]
MSHA mine ID / USDOT no.	[If applicable]
Audit date(s)	[Date(s)]
Report date	[Date]
Prepared by	[Auditor name], Utah Safety Consultant
Quote / agreement no.	[Number]

1. Executive summary

[Two or three paragraphs: overall condition of the site and program, the most serious risks, and the top three actions. State the overall assessment: Strong / Adequate / Needs improvement / High risk.]

Items checked	Deficiencies	High	Medium	Low	Records gaps
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

2. Site information

Client contact	[Name, title, phone, email]
Operations observed	[Work in progress, equipment, crews, contractors]
Approx. employees on site	[ ]
Conditions	[Weather, shift, lighting]
Persons interviewed	[Number and roles - no names]

3. Scope and standards reviewed

[Scope per signed quote: sites, areas, operations, records.]

- Construction: OSHA 29 CFR 1926 and applicable 29 CFR 1910 / 1904
- Mining & heavy equipment: MSHA 30 CFR Parts 46, 47, 48, 50, 56/57, 62; OSHA 29 CFR 1910 at non-MSHA locations

- Trucking & transportation: FMCSA 49 CFR Parts 40, 382, 390-396; OSHA 29 CFR 1910 for yard and shop
- [Delete lines that do not apply]

4. Findings

No.	Item / observation	Location	Standard cited	Risk	Photo ref	Recommended corrective action	Responsible party	Due date
F-01	[Item / observation]	[Location]	[CFR section]	[High / Med / Low]	[P-01]	[Corrective action]	[Name / role]	[Date]
F-02	[Item / observation]	[Location]	[CFR section]	[High / Med / Low]	[P-02]	[Corrective action]	[Name / role]	[Date]
F-03	[Item / observation]	[Location]	[CFR section]	[High / Med / Low]	[P-03]	[Corrective action]	[Name / role]	[Date]
F-04	[Item / observation]	[Location]	[CFR section]	[High / Med / Low]	[P-04]	[Corrective action]	[Name / role]	[Date]
F-05	[Item / observation]	[Location]	[CFR section]	[High / Med / Low]	[P-05]	[Corrective action]	[Name / role]	[Date]
F-06	[Item / observation]	[Location]	[CFR section]	[High / Med / Low]	[P-06]	[Corrective action]	[Name / role]	[Date]

Risk ratings: **High** = could cause death or serious injury, or a likely serious citation; correct immediately. **Medium** = could cause injury or a citation; correct promptly. **Low** = minor or administrative.

5. Document and recordkeeping review

Record	Basis	Result (Adequate / Deficient / Missing / N/A)	Notes
Written safety and health program / accident prevention program	1926.20(b) (construction); company policy		
OSHA 300 logs and 301 reports for 5 years; 300A summaries certified	29 CFR 1904.29; 1904.32; 1904.33		
Form 300A posted Feb 1 - Apr 30; electronic submission if required	1904.32(b)(5); 1904.41		
Severe injury reporting (fatality 8 hrs; hospitalization, amputation, eye loss 24 hrs)	1904.39		
Training records and certifications	1926.21; 1926.503(b); 1910 as applicable		
Inspection logs (daily/weekly site, equipment)	1926.20(b)(2)		
HazCom written program, chemical list, SDS binder	1910.1200(e), (g)		
PPE hazard assessment certification	1910.132(d)(2)		
Emergency action plan / fire prevention plan	1926.35; 1910.38; 1910.39		

Record	Basis	Result (Adequate / Deficient / Missing / N/A)	Notes
Incident investigations and corrective action records	Company program		
[Industry-specific records]			

6. Prioritized action plan

Priority	Target	Findings	Owner
1 - High	Immediately; no later than [7] days	[F-xx, F-xx]	[ ]
2 - Medium	Within [30] days	[F-xx]	[ ]
3 - Low	Within [90] days	[F-xx]	[ ]

7. Positive observations

[What the site is doing well.]

8. Limitations

This report reflects conditions observed and records provided on the audit date(s) within the agreed scope. It is an advisory consulting review, not an OSHA, MSHA, or FMCSA inspection. It does not identify every hazard and does not guarantee regulatory compliance or the outcome of any inspection. [Client] remains responsible for its safety and health program, for correcting hazards, and for compliance with all applicable regulations. Regulatory citations are for reference; confirm against the current Code of Federal Regulations and any state-plan requirements (Utah operates a state plan through UOSH).

9. Sign-off

Prepared by (consultant)

Signature

Printed name

Title

Date

Received by (client representative)

Signature

Printed name

Title

Date

Appendix - Photo log

Photo ref	Finding no.	Description
P-01	F-	
P-02	F-	
P-03	F-	
P-04	F-	

Photo ref	Finding no.	Description
P-05	F-	
P-06	F-	