

SAFETY ROUNDS CHECKLIST

HOUSE KEEPING AUDIT

Doc.No.	
Rev.No.	
Rev.Date:	
Pages	

Auditor / Inspector's Name : _____ Date : _____

SR. NO	POINTS OF OBSERVATIONS	YES / NO	OBSERVATION	REMARKS
OFFICES / ADMIN AREAS				
PLANT / FLOOR AREAS				

Observed By : _____	Verified By : _____	Actions Approved By : _____
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