

SAFETY SELF ASSESSMENT CHECKLIST

Format No. : Rev. No. : Rev. Date:

Date	Emp. ID	Employee Name	Designation
Employee Department	Location / Areas - works	Supervisor name	Shift & Duty time

Job Description

--

Safety Accountability Self Assessment

Sr. No	Check points	Yes / No	Comments

Employee Sign.	Supervisor sign.	Safety officer Sign.	Record No.