

## Health & Safety Audit Template (CoA training task)

|                               |  |
|-------------------------------|--|
| <b>Department:</b>            |  |
| <b>Name of Auditor:</b>       |  |
| <b>H&amp;S area auditing:</b> | <input type="checkbox"/> COSHH<br><input type="checkbox"/> PPE<br><input type="checkbox"/> Training<br><input type="checkbox"/> Lighting / Furniture / furnishings / fittings<br><input type="checkbox"/> Electrical equipment<br><input type="checkbox"/> Display Screen Equipment<br><input type="checkbox"/> Method / Test / sample processing / working practices<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Emergency routes / escapes<br><input type="checkbox"/> First Aid<br><input type="checkbox"/> Manual Handling<br><input type="checkbox"/> Slip, Trips and Falls<br><input type="checkbox"/> Working at Height<br><input type="checkbox"/> Reporting / incidents<br><input type="checkbox"/> Lone Working task / issue<br><input type="checkbox"/> Security<br><input type="checkbox"/> Other |
| <b>Line manager:</b>          |  |

Brief description of area/ issue / task you are auditing:

|  |  |
|--|--|
| <b>Audit agreed by your line manager</b> | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
|--|--|

| Questions<br>(complete first) | Procedures checked<br>(complete during audit) | Findings<br>(Complete after audit) |
|-------------------------------|---|------------------------------------|
| 1.                            |   |                                    |
| 2.                            |   |                                    |

|    |  |  |
|----|--|--|
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

**Issue raised by audit:**

**Discussed with your line manager**

Yes     No

**Improvement to be carried out:**

**Date improvement completed:**

**Any outstanding issues:**