



# SAFETY ACCOUNTABILITY SYSTEM



## SAFETY KNOWLEDGE AUDIT FORM

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**DATE:** \_\_\_\_\_

<b>Employee Name (s):</b>	_____
	1 _____
	2 _____
	3 _____
	4 _____
	_____

**Name of Evaluator:** \_\_\_\_\_

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**Activity Observed:** \_\_\_\_\_

JOB       TASK       PROCESS       EQUIPMENT       OTHER

**Outline of Specific Activity Observed:** \_\_\_\_\_

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<b>Unsafe Job Practices Observed</b>	_____
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<b>Practices or tasks that need to be changed or improved</b>	_____
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<b>Any practices that deserve positive reinforcement</b>	_____
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<b>Corrective measure taken</b>	_____
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<b>Other Comments</b>	_____
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