

Internal WHS System Audit Checklist

Audit Details

Audit Date*: _____
 Site / Location*: _____
 Department: _____
 Lead Auditor Name*: _____
 Lead Auditor Email: _____
 Site Representative: _____

Checklist

Audit Checklist Item

Category	Requirement / Question	Compliant	Evidence / Comments	Action Required	Action Owner	Target Date

Options for 'Category': Management Commitment, Risk Management, Training & Competency, Incident Management, Emergency Preparedness, Consultation & Communication, Other

Options for 'Compliant': Yes, No, N/A

Overall Compliance Rating*: _____ > *Options: Fully Compliant, Partially Compliant, Non-Compliant*

Summary of Findings: _____

Sign-off

Follow-up Actions Required

Follow-up Due Date: *(Fill only if applicable)*

Auditor Signature*: _____ *(Sign above)*