

Monthly WHS Compliance Audit

Audit Details

Audit Date*: _____
 Auditor Name*: _____
 Site / Location*: _____
 Department / Area: _____
 Persons Interviewed: _____

Compliance Checklist

Checklist Items:

Item	Compliant	Comments

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

Non-Conformities

Non-Conformity Log:

Description	Risk Level	Corrective Action	Responsible Person	Target Date	Status

*Options for 'Risk Level': High, Medium, Low
 Options for 'Status': Open, In Progress, Closed*

Summary & Sign-off

Overall Rating*: _____ > *Options: Compliant, Minor Issues, Major Issues*

General Comments: _____

Auditor Signature*: _____ (Sign above)