



INDIAN INSTITUTE OF TECHNOLOGY KANPUR
Office of the Dean of Infrastructure & Planning

DOIP: 108

Safety Audit Form
(To be filled by SO)

Safety audit request, if any										
Name of requisitioner						Phone/ Mob No.				
Dept./Unit	PF No:			Email:			@iitk.ac.in			
Request number										
Is the requested staff member notified for the safety audit?							Yes	No		
Safety audit team members										
Place/Location/Rooms visited										
Date of safety audit										
Tentative Date of next audit.										
Name and Contact details of the Requested member/Representative present during the visit										

Safety Action Plan (Based on observations/discussions at site and recommendations by safety officer (SO))

Critical safety hazards that require **immediate mitigation**. Also, please select appropriate option for the concerned authority responsible for corrective action. (Attach additional sheets and pictures, if needed)

	IWD	HOD	PIC	DOIP	SEC	SO
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						

Safety hazards that require **progressive action plan**. Also, please select appropriate option for the concerned authority responsible for corrective action. (Attach additional sheets and pictures, if needed)

	IWD	HOD	PIC	DOIP	SEC	SO
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						

(Signature of Requisitioner/Representative)

(Signature of the SO)

(Signature of the DOIP)

Comments/Special instructions/Recommendations by PIC/ADPI/DOIP/DD, if any

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(Signature of PIC/ADPI/DOIP/DD/Director)

Date: ____/____/____
(dd / mm / yyyy)