



# Initial Audit Form (IAF)



Recordkeeping Data	2022		2023		2024	
	No.	Rate	No.	Rate	No.	Rate
<b>Fatalities</b> Rate = Number of fatalities x 200,000 ÷ total employee hours	###	###	###	###	###	###
<b>Day away from work, Restricted duty, or Transfer (DART)</b> Rate = Total DART x 200,000 ÷ total employee hours	###	###	###	###	###	###
<b>Lost workday case - injuries and illnesses involving days away from work.</b> Rate = Total LWD x 200,000 ÷ total employee hours	###	###	###	###	###	###
<b>Injuries and Illnesses involving medical treatment only.</b> Rate = Total Injuries and illnesses involving medical treatment only x 200,000 ÷ total employee hours	###	###	###	###	###	###
<b>Total OSHA Recordable Injury and Illness Rate</b> Rate = Total Injuries and Illnesses x 200,000 ÷ total employee hours	###	###	###	###	###	###

Has your company received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years?

Yes  No If yes, please explain [Click or tap here to enter text.](#)

## INFORMATION SUBMITTAL

- ❖ Please provide copies of the checked items below along with this Initial Audit Form and the Safety Information Sheet.
- ❖ If any program is missing, you will score a "0" for that section.

	Notes
1. Fatalities (this form)	
2. OSHA Incidence of Lost Workday Rate (this form)	
3. Total OSHA Recordable Injury and Illness (this form)	
4. Regulatory Agency Citations for the year 2024 (Use additional page(s) if necessary)	
✓ 5. Year-to-Year Improvement – Last three years	
✓ 6. Safety Goals	
✓ 7. Accident/ Incident Investigation Process	
✓ 8. Incident Lessons Learned	
✓ 9. Internal Audit / Assessment Program	
✓ 10. Contractor Orientation and HSE Training Program	
✓ 11. Environmental Program	
✓ 12. Industrial Hygiene Program	
✓ 13. Short Service Employee Program	
✓ 14. Behavioral Based Safety Program	
✓ 15. Contractor Written Employee Workforce Development Program	
✓ 16. Supervisor Training	
✓ 17. Brief description of your company's top 3 "Best Practices"	

Below, type the name and title of the company officer responsible for assuring the accuracy of this document.

**Name:** [Click or tap here to enter text.](#) **Title:** [Click or tap here to enter text.](#) **Date:** [Click or tap to enter a date.](#)