



Site Audit Request Form

The form is to be completed only for locations selected by MSA for Certification. One form is required per selected site.

Section 1 – Site Information

Business Name:

Site Name:

Address:

City / Postal Code:

Number of Employees at Site:

WCB Account Number:

Section 2 – Site Contact

Site Contact Name:

Phone Number:

Email Address:

Section 3 – Audit Logistics

Is a private room available for audit activities? Yes No

Is an escort required for observations? Yes No

Is the organization committed to providing required resources? Yes No

Required PPE:

Steel Toe Footwear

Safety Glasses

Hard Hat

FR Clothing

Gloves

High Visibility

Hearing Protection

Other:

Section 4 – Site Details

Audit scope is determined by MSA. This section/form confirms site-specific details only.

Site Overview (brief): Include type of work performed, main work areas, and notable hazards or considerations.

Once you have completed filling out this form, please download and email a copy to:
info@motorsafety.ca