

FRM Audit Reporting

Contractor Name: _____

Site: _____

Fatal Risk Being Evaluated: _____

Attendees: _____

| Contractor Project Manager | FMI Project Manager | Contractor Supervision | FMI Supervision | Contractor Safety | FMI Safety |
|----------------------------|---------------------|------------------------|-----------------|-------------------|------------|
| | | | | | |

What Critical Controls are in place? _____

Are all critical controls in place? _____

| Missing Control | Immediate Corrective Measures | Long-term Corrective Measures | Comments |
|-----------------|-------------------------------|-------------------------------|----------|
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