

# Construction Site Safety Inspection Field Log

Date:

Time:

Location / Site:

Inspector Name:

Supervisor Name:

Weather Conditions:

## Inspection Checklist

Item	Compliant	Observations / Actions Required
Personal Protective Equipment (PPE)	<input type="text"/>	<input type="text"/>
Fall Protection	<input type="text"/>	<input type="text"/>
Scaffolding	<input type="text"/>	<input type="text"/>
Housekeeping	<input type="text"/>	<input type="text"/>
Electrical Safety	<input type="text"/>	<input type="text"/>
First Aid / Emergency Preparedness	<input type="text"/>	<input type="text"/>

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Machinery / Equipment Safety



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Hazardous Materials Handling



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Other Observations / Notes:

Inspector Signature:

Date: