

# Construction Site Dust Observation Checklist

Site Name/Location

Observer Name

Date

Time

## Dust Observation

Item	Yes	No	N/A	Comments/Actions Required
Is visible dust present in the air?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Are dust control measures (e.g., water spraying) being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Are stockpiles covered or treated to minimize dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Are vehiclesâ€™ wheels/movements controlled to minimize dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Are work areas kept damp where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Are dust masks or PPE available and used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Is perimeter monitoring (if required) in place and functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

## Other Observations

**Corrective Actions (if any)**

**Signature**

**Date**