

Residential Construction Daily Safety Inspection Checklist

Project Details

Date:

Project Name:

Location:

Supervisor:

Inspector:

Weather Conditions:

Time In:

Time Out:

Safety Inspection Checklist

Item	Yes	No	N/A	Comments
Site access is clear and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
All workers wearing PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fall protection in place where needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Scaffolding inspected and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tools and equipment in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Extension cords and hoses properly managed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Excavations properly protected/barricaded

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Fire extinguishers accessible

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First aid kit available and stocked

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Required signage posted and visible

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Good housekeeping maintained

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Additional Notes

Corrective Actions Required

Inspector Signature:

Date: