Temporary Fencing and Barricade Inspection Form

Date:				
Project Name / Location:				
Inspector Name:				
Weather Conditions:				
Inspection Item	Yes	No	N/A	Comments
Fencing/barricade is installed at required locations	O	C	C	
All panels/sections are upright and stable	O	0	О	
Panels/sections are properly connected	O	O	О	
Bracing and supports are in place and secure	0	O	С	
Anchoring is secure (feet, stakes, weights, etc.)	O	О	О	
No gaps or openings present	O	0	О	
Signage in place (warning, danger, etc.)	0	0	О	
Access points secured and controlled	0	0	О	
Fencing/barricade free from damage or defects	0	0	О	
Fencing/barricade does not present a hazard	0	0	О	

General Comments / Actions Required:

Inspector Signature:			
Date of Inspection:			