

Weekly Site Housekeeping Inspection

Site Details

Project Name	<input type="text"/>	Location	<input type="text"/>
Date	<input type="text"/>	Inspector	<input type="text"/>

Inspection Checklist

Item	Yes	No	N/A	Comments
Access/Egress routes clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Walkways free from obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Waste materials properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Materials safely stacked/stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Spillages cleaned promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency exits accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Sanitary facilities clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Actions Required

Inspector Name

Signature

Date