

Site Safety and Cleanliness Quality Checklist

Date:

Project / Site Name:

Inspected By:

Safety Inspection

| Item | Yes / No | Remarks |
|---------------------------------------------------|-------------|-------------|
| Personal Protective Equipment (PPE) properly worn | <div></div> | <div></div> |
| First aid kit available & accessible | <div></div> | <div></div> |
| Fire extinguishers visible & unobstructed | <div></div> | <div></div> |
| Clear signage and safety notices | <div></div> | <div></div> |
| Machinery/equipment in safe condition | <div></div> | <div></div> |
| Walkways free from obstructions | <div></div> | <div></div> |

Cleanliness Inspection

| Item | Yes / No | Remarks |
|--------------------------|-------------|-------------|
| Work area clean and tidy | <div></div> | <div></div> |

| | | |
|-------------------------------------|-----------------------------------|-----------------------------------|
| Waste disposed of correctly | <div><div></div><div></div></div> | <div><div></div><div></div></div> |
| Restrooms clean and stocked | <div><div></div><div></div></div> | <div><div></div><div></div></div> |
| Materials/equipment stored properly | <div><div></div><div></div></div> | <div><div></div><div></div></div> |
| Dust/debris removed regularly | <div><div></div><div></div></div> | <div><div></div><div></div></div> |

Additional Comments

Inspector's Signature

Date