

Residential Construction Site Audit Checklist

Project Name

Site Location

Audit Date

Auditor Name

Site Safety

Item	Yes	No	N/A	Comments
Site access is secure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Signage in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
PPE is being worn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Environmental Controls

Item	Yes	No	N/A	Comments
Waste management system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Dust control measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Sediment control in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Materials & Equipment

Item	Yes	No	N/A	Comments
Materials stored safely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Equipment in good condition



Hazardous substances managed



General Comments & Observations

Comments

Auditor Signature

Signature

Time