

# Concrete Work Safety Inspection Checklist

Date:  
Project Name:  
Location:  
Inspected by:

## PPE (Personal Protective Equipment)

Item	Yes	No	N/A	Remarks
Hard hats worn				
Safety goggles/face shields available				
Protective gloves used				
High-visibility vests/clothing				
Rubber boots/protective footwear				

## Equipment & Tools

Item	Yes	No	N/A	Remarks
Concrete mixers in good condition				
Tools clean and free from defects				
Electrical cords checked and intact				
Formwork inspected and secured				

## Work Practices & Procedures

Item	Yes	No	N/A	Remarks
Work area clear of unnecessary materials				
Proper lifting techniques used				
Fall protection measures in place				
Mixing procedures followed				
Exposure control to cement dust				

## Emergency & First Aid

Item	Yes	No	N/A	Remarks
First aid kit available onsite				
Eyewash facility accessible				
Emergency contact numbers posted				
Fire extinguishers checked				

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**Comments / Actions Required**

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Inspector's Signature: