

# Residential Building Site Equipment Inspection Checklist

## Site Details

Project Name

Location

Date

Inspected By

## Equipment Checklist

Equipment	Condition	Remarks
Scaffolding	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Ladders	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Power Tools	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Hand Tools	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Cranes / Hoists	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Site Fencing & Signage	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Excavators / Loaders	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Generators / Electrical Supply	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Fire Extinguishers / First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Protective Equipment (PPE)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## General Comments / Actions Required

## Inspected By

Name

Signature

Date

Time

