

Construction Site Daily Inspection Checklist

Project Name

Location

Inspector Name

Date

Time

Checklist

Item	Yes	No	Comments
Site access controlled and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Personal Protective Equipment (PPE) used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Housekeeping and waste managed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Signage visible and correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Equipment inspected and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fire prevention measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
First aid kit available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Working at height controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Manual handling precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Hazardous substances managed



Additional Observations / Notes

Inspector Signature

Date