

# Construction Safety Inspection Checklist

## Project Information

Project Name	<input type="text"/>	Date	<input type="text"/>
Location	<input type="text"/>	Inspector	<input type="text"/>

## Inspection Checklist

Item	Yes	No	N/A	Comments
Personal Protective Equipment (PPE) in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fall protection in place and used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Scaffolding erected and secured properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ladders in good condition and used safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Housekeeping (work areas clean and clear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Electrical cords and tools in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fire extinguishers accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
First aid kit available and stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Additional Observations / Notes

## Inspector Signature

