

# Construction Site Daily Safety Inspection Checklist

Date

Project / Site Name

Inspection Time

Inspector Name

| Item                                   | Compliant             | Non-Compliant         | N/A                   | Comments             |
|--|-----------------------|-----------------------|-----------------------|----------------------|
| Site access and housekeeping           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Personal protective equipment (PPE)    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Scaffolds, ladders, and work platforms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Fall protection and edges              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Electrical safety                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Tools and equipment conditions         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Hazardous materials storage/handling   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Signage and barricades                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| First aid and emergency access         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

Additional Comments / Observations

Inspector Signature

Date