

Daily Construction Site Safety Inspection

Date

Project/Site Name

Location

Inspector Name

Inspection Checklist

Check Item	Yes	No	N/A	Remarks
Site housekeeping and cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Personal Protective Equipment (PPE) used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Scaffolding secured and inspected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Equipment and tools in safe condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Fall protection in place (where required)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
First aid available and accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>

Hazards Identified

Corrective Actions Taken

Inspector Signature

