

# Construction Site Safety Audit Checklist

Project Name

Location

Date

Auditor

## 1. General Safety

Item	Yes	No	N/A	Remarks
Site access is controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Signage is posted and visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Housekeeping is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## 2. Personal Protective Equipment (PPE)

Item	Yes	No	N/A	Remarks
PPE is available and worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
PPE is in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## 3. Equipment and Machinery

Item	Yes	No	N/A	Remarks
Equipment is maintained & inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Operators are trained & certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## 4. Working at Heights

Item	Yes	No	N/A	Remarks
Fall protection measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Ladders/scaffolding inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
-------------------------------	--------------------------	--------------------------	--------------------------	-------------

5. Fire Safety

Item	Yes	No	N/A	Remarks
Extinguishers accessible & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
No open burning or uncontrolled heat sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Comments