

Railway Engineering Site Safety Inspection Form

General Information

Project Name

Location

Date

Time

Inspector Name

Supervisor/Responsible Person

Site Conditions

Weather Conditions

Number of Personnel on Site

Inspection Checklist

Item	Compliant	Non-Compliant	Comments
PPE Worn by All Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Access/Egress Clearly Marked	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Tools & Equipment in Safe Condition	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Worksite Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Track Possession Documents Available	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Signage & Barricades in Place	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Electrical Safety Observed	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Emergency Arrangements in Place	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Details of Non-Compliances / Hazards

Corrective Actions Taken / Proposed

Date & Time of Next Inspection

Signatures

Inspector Signature

Supervisor Signature