

Construction Site Safety Inspection Checklist

Project Information

Project Name		Date	
Location		Inspector Name	

Inspection Checklist

Item	Yes	No	N/A	Comments/Actions Required
Site access/egress is clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal protective equipment (PPE) is worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working at height protections in place (guardrails, harnesses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping (materials, debris control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery and tools in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical safety procedures followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scaffolding erected correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid and emergency procedures posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers accessible and inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments

Inspector Signature

Name		Signature		Date	
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