

# Construction Site Container Safety Checklist

Date:

Project / Site Name:

Container Number/ID:

Inspector Name:

Location:

## CHECKLIST

Item	Yes	No	N/A	Comments
Container is clean and free from debris				
Container doors and locks function correctly				
No visible structural damage (walls, floor, ceiling)				
Container is securely positioned/stabilized				
Proper ventilation inside the container				
Fire extinguisher is accessible and in date				
First aid kit is available and stocked				
No leaks or water ingress detected				
Exterior signage and warnings are visible				
Electrical installation is in safe condition				

## ADDITIONAL COMMENTS

Inspector Signature:

Date:

Supervisor Review (if required):