

Construction Site Security Inspection Checklist

Project/Site Name:

Location:

Date:

Inspector:

Security Inspection Items

Checklist Item	Yes	No	Comments/Action
Perimeter fencing is intact and secure	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Gates are locked when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Security lighting working properly	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Security personnel present as required	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Visitor log maintained	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Equipment/materials stored securely	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Hazardous substances locked/secured	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Alarm/CCTV system operational	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Emergency contact list updated	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Signage posted (No Trespassing etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Findings/Recommendations

Inspector Signature:

Date:

