

Site Safety Inspection Checklist

Site Information

Site / Project Name*: _____

Location*: _____

Inspection Date*: _____

Inspector Name*: _____

Inspector Contact Number: _____

Weather Conditions: _____ Options: Sunny, Cloudy, Rainy, Windy, Other

Inspection Checklist

Inspection Items:

Inspection Area	Condition	Comments	Responsible Person

Options for 'Inspection Area': Housekeeping, PPE, Tools & Equipment, Electrical Safety, Working at Heights, Scaffolding, Emergency Equipment, Signage, First Aid, Fire Safety, Other
 Options for 'Condition': OK, Needs Attention, N/A

Sign-Off

Corrective Actions Required

Target Close-Out Date: (Fill only if applicable)

Inspector Signature*: _____ (Sign above)

Signature Date*: _____

Site Supervisor Name: _____

Site Supervisor Signature: _____ (Sign above)