

Construction Site Safety Checklist

Project Name:	<input type="text" value="Enter project name"/>	Date:	<input type="text"/>
Inspector Name:	<input type="text" value="Enter your name"/>	Location:	<input type="text" value="Enter site location"/>

Checklist

Item	Yes	No	N/A	Notes
Site induction carried out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Personal protective equipment supplied/used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
First aid kit available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fire extinguishers accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Housekeeping (clean/tidy site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Machinery/equipment in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Work at heights properly protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hazardous materials stored safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Signage and barriers in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text" value="Other item"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text" value="Other item"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Comments/Actions Required

<input type="text" value="Enter any comments or action items here"/>			
Inspector Signature:	<input type="text" value="Sign/Type name"/>	Date:	<input type="text"/>