

Construction Site Safety Checklist

| | | | |
|------------------------|--------------------|------------------|---------------------|
| Project Name: | Enter project name | Date: | |
| Inspector Name: | Enter your name | Location: | Enter site location |

Checklist

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

Comments/Actions Required

| | | | |
|---|----------------|--------------|--|
| Enter any comments or action items here | | | |
| Inspector Signature: | Sign/Type name | Date: | |