

Basic Safety Site Visit Assessment Checklist

Site Name:

Location:

Date of Visit:

Assessor Name:

Assessment Checklist

Item	Yes	No	N/A	Comments
1. Site access controlled and secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. PPE available and used appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Housekeeping satisfactory (clean & clear paths)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Emergency exits unobstructed and identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. Fire extinguishers accessible & inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. First aid kits available and stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7. Warning signage posted and visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

8. Tools and equipment maintained in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Hazardous materials are properly stored/labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Safety training records available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

General Comments / Actions Required

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Assessor Signature:

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