

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"/>	<div></div>
2. PPE available and used appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
3. Housekeeping satisfactory (clean & clear paths)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
4. Emergency exits unobstructed and identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
5. Fire extinguishers accessible & inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
6. First aid kits available and stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
7. Warning signage posted and visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

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

General Comments / Actions Required

Assessor Signature: