

Construction Site Inspection Checklist

Project:

Location:

Date:

Inspector:

Weather:

Time:

Inspection Item	Yes	No	Comments / Actions Needed
Item 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Item 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Item 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Item 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Item 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

General Notes / Observations:

Inspector Signature

Date