

Construction Site Inspection Checklist

Project:

Location:

Date:

Inspector:

Weather:

Time:

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

General Notes / Observations:

Inspector Signature

Date