

Health and Safety Site Assessment Checklist

Site Name

Site Address

Assessment Date

Assessor Name

Checklist

| Item | Yes | No | Comments / Actions Required |
|----------------------|--------------------------|--------------------------|-----------------------------|
| Enter checklist item | <input type="checkbox"/> | <input type="checkbox"/> | Add comments |
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| Enter checklist item | <input type="checkbox"/> | <input type="checkbox"/> | Add comments |

Additional Notes

Enter any additional notes here

Assessor Signature

Date