

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
Enter checklist item	<input type="checkbox"/>	<input type="checkbox"/>	Add comments
Enter checklist item	<input type="checkbox"/>	<input type="checkbox"/>	Add comments
Enter checklist item	<input type="checkbox"/>	<input type="checkbox"/>	Add comments
Enter checklist item	<input type="checkbox"/>	<input type="checkbox"/>	Add comments

Additional Notes

Enter any additional notes here

Assessor Signature

Date