

Construction Site Safety Evaluation Checklist

Project/Site Name:

Site Location:

Date of Evaluation:

Inspected By:

Safety Checklist

Item	Yes	No	Remarks
Site access is secure and controlled	<input type="checkbox"/>	<input type="checkbox"/>	
PPE (Personal Protective Equipment) is worn by all workers	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous areas are clearly marked and barricaded	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is available and accessible	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are available and inspected	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exits are marked and accessible	<input type="checkbox"/>	<input type="checkbox"/>	
Scaffolding is erected and inspected properly	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection measures are in place	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery and equipment are maintained and guarded	<input type="checkbox"/>	<input type="checkbox"/>	

Site is free from debris and tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Chemicals and hazardous materials are stored safely	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Observations

Recommendations / Actions Required