

Daily Workplace Safety Walkthrough Checklist

Date

Location/Area Enter workspace area

Inspector Name Inspector full name

Checklist Item	Yes	No	Remarks
Walkways and exits are clear of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency equipment is accessible and functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Chemicals and hazardous materials stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Floors are clean, dry, and non-slippery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Machine guards and tools are in place and undamaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Electrical cords and outlets are in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
PPE is available and in use where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Observations / Notes

Enter any notes or concerns here

Inspector Signature

Signature Sign or print name

Date