

Construction Site Safety Inspection Form

Construction Site Name/Location

Inspection Date

Inspector Name

Weather Conditions

Checklist

Item	Yes	No	N/A	Comments
Personal Protective Equipment (PPE) in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Housekeeping (clean and organized work area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Scaffolding condition and access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Electrical safety (cords, outlets, panels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Ladders/Access equipment condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Fall protection in place and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Machinery/tools in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
First aid/Kits easily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Other Hazards Observed

Corrective Actions Required

Additional Notes

Date & Signature of Inspector

Date & Signature of Site Supervisor