

# 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"/>	<input type="text"/>
Housekeeping (clean and organized work area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Scaffolding condition and access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Electrical safety (cords, outlets, panels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ladders/Access equipment condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fall protection in place and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Machinery/tools in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
First aid/Kits easily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**Other Hazards Observed****Corrective Actions Required**

**Additional Notes**

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Date & Signature of Inspector

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Date & Signature of Site Supervisor