

# Construction Site Safety Checklist

Site Name: \_\_\_\_\_ Date: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Inspector: \_\_\_\_\_

## Checklist Items

Safety Item	Yes	No	Comments / Actions Needed
Personal Protective Equipment (PPE) worn by all workers			
First aid kit easily accessible and fully stocked			
Fire extinguishers available and inspected			
Entry and exit routes clear and unobstructed			
Scaffolding erected and inspected properly			
Fall protection in place where required			
Tools and equipment in good condition			
Site kept clean and free of debris			
Warning signs and barriers in place			
Hazardous materials stored and labeled correctly			
Other: _____			
Other: _____			

## Additional Comments

## Inspector Signature

Signature: _____	Date: _____
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