

On-Site Work Progress Checklist

Project Name

Site Location

Date

 YYYY-MM-DD

Inspected By

Checklist

ITEM	STATUS	COMMENTS
Site Access & Safety Measures	Y/N/In Prog	<input type="text"/>
Material Delivery & Storage	Y/N/In Prog	<input type="text"/>
Workforce Attendance	Y/N/In Prog	<input type="text"/>
Equipment Availability	Y/N/In Prog	<input type="text"/>
Work According to Plan	Y/N/In Prog	<input type="text"/>
Quality Control Checks	Y/N/In Prog	<input type="text"/>
Housekeeping & Cleanliness	Y/N/In Prog	<input type="text"/>

Additional Notes

Add comments or observations here...

Inspector Signature

Name / Signature