

On-Site Work Progress Checklist

Project Name

Site Location

Date

YYYY-MM-DD

Inspected By

Checklist

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

Additional Notes

Add comments or observations here...

Inspector Signature

Name / Signature