

Construction Site Safety Inspection Document

Project & Inspection Details

Project Name

Location

Date

Inspector Name

Inspection Checklist

No.	Item	Compliant	Comments
1	Personal Protective Equipment (PPE)	<input type="checkbox"/>	<input type="text"/>
2	Site Housekeeping	<input type="checkbox"/>	<input type="text"/>
3	Scaffolding	<input type="checkbox"/>	<input type="text"/>
4	Electrical Safety	<input type="checkbox"/>	<input type="text"/>
5	Fall Protection	<input type="checkbox"/>	<input type="text"/>
6	Machinery & Equipment	<input type="checkbox"/>	<input type="text"/>
7	Warning Signs & Barricades	<input type="checkbox"/>	<input type="text"/>
8	Fire Extinguishers	<input type="checkbox"/>	<input type="text"/>
9	First Aid Kit	<input type="checkbox"/>	<input type="text"/>
10	Emergency Exits	<input type="checkbox"/>	<input type="text"/>

Observations & Recommendations

Enter your observations and recommendations here

Signature

Inspector

Date

