

# 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"/>	<div></div>
2	Site Housekeeping	<input type="checkbox"/>	<div></div>
3	Scaffolding	<input type="checkbox"/>	<div></div>
4	Electrical Safety	<input type="checkbox"/>	<div></div>
5	Fall Protection	<input type="checkbox"/>	<div></div>
6	Machinery & Equipment	<input type="checkbox"/>	<div></div>
7	Warning Signs & Barricades	<input type="checkbox"/>	<div></div>
8	Fire Extinguishers	<input type="checkbox"/>	<div></div>
9	First Aid Kit	<input type="checkbox"/>	<div></div>
10	Emergency Exits	<input type="checkbox"/>	<div></div>

## Observations & Recommendations

Enter your observations and recommendations here

## Signature

Inspector

Signature

Date

