

# Daily Safety Inspection Report

**Project/Site:** \_\_\_\_\_

**Inspector:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

Inspection Item	Status (Yes/No/N/A)	Comments/Actions Required
Housekeeping (Clean and tidy site)		
Personal Protective Equipment (PPE)		
First Aid Kits Available		
Fire Extinguishers Accessible		
Electrical Safety (Cords, outlets, tools)		
Scaffolds/Ladders/Equipments		
Working at Heights (Protection used)		
Hazardous Materials/Labelling		
Emergency Exits Clear		
Other Observations		

**Additional Comments:**

Inspector's Signature

\_\_\_\_\_

Supervisor's Signature