

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