

Safety Inspection Daily Checklist

Project Name

Location

Date

Inspector Name

Checklist

Inspection Item	Yes	No	Comments/Actions
Personal protective equipment available and in use			
Housekeeping maintained (debris, spills, obstructions)			
Tools and equipment in good condition			
Fall protection in place where required			
Scaffolds/ladders inspected and safe to use			
Electrical safety (cords, panels protected, GFCI used)			
Emergency/first aid supplies available			
Proper signage and barriers in place			
Hazardous materials handled/stored properly			
Fire extinguishers accessible and inspected			

Additional Remarks / Observations

Inspector Signature

Date/Time