

Occupational Health and Safety Compliance Form

Project Name

Project Location

Date

Project Supervisor

Brief Description of Work

Personal Protective Equipment (PPE) Compliance

PPE Type	Required	Provided	Used
Helmet/Hard Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety Compliance Checklist

Requirement	Yes	No	N/A
Site Safety Induction Completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Exits Clearly Marked and Accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Extinguishers Present and Inspected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

First Aid Kit Available On-Site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signages and Barricades in Place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electrical Hazards Controlled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work at Heights Controlled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Observations / Non-Compliance Noted

Conducted By (Name & Position)

Signature

Date