

Construction Site Daily Safety Inspection Checklist

Date of Inspection

Project Name

Location

Inspector Name

Checklist

Item	Yes	No	Comments / Actions Needed
All workers wearing proper PPE (helmets, vests, boots, glasses)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Site is clean and free of trip hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tools & equipment in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Scaffolding/working platforms inspected and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
First aid kit available and stocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fire extinguishers in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Warning signs & barricades in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Electrical installations/cables secured safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency evacuation paths clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Observations / Hazards Noted

Corrective Actions Taken

Inspector Signature

Date

Supervisor Signature

Date