

Construction Site Safety Inspection Report

Project Name: Location:

Inspector Name: Date: _____ Time: _____

Weather Conditions:

Site Safety Inspection Checklist

Item	Yes	No	Comments/Actions Required
Personal Protective Equipment (PPE) in Use			
Housekeeping & Walkways Clear			
Guards and Barricades in Place			
Safe Access/Egress Maintained			
Tools & Equipment in Good Condition			
Electrical Hazards Controlled			
Emergency Exits Accessible			
Fire Extinguishers Available			
Hazardous Materials Stored Correctly			
First Aid Kits Stocked			

Additional Observations

Action Items/Recommendations

Inspector Signature: _____ Date: _____