

# Daily Site Inspection Checklist

Project Name

Date

Inspector Name

Weather Conditions

Location/Area Inspected

## Checklist

Item	Yes	No	N/A	Remarks
Site access clear and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Materials stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Personal Protective Equipment (PPE) in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Housekeeping satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Safety signage in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Work progressing as scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Other Issues / Observations

Inspector Signature

Inspection Time