



Construction Site Safety Inspection Checklist Template

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Site Access & Security

Checks related to entry points, fencing, signage, and visitor control.

Date of Inspection

Enter date...

Time of Inspection

Enter time...



Main Site Access Point

 [Set My Current Location](#)



Perimeter Fencing Condition

- Excellent
- Good
- Fair
- Poor

Access Points Secured?

- Main Gate
- Secondary Gate
- Service Entrance
- Perimeter Fence Breaches

Visitor Log Maintained?

- Yes
- No

Visitor Signature Verification

Write something...

Personal Protective Equipment (PPE)

Verification of required PPE usage by all personnel.

Hard Hats Being Worn?

- Yes
- No
- N/A

Safety Glasses/Face Shields Being Worn?

- Yes
- No
- N/A

Number of Employees Observed Without Required PPE

Enter a number...

Gloves Being Worn (Type Appropriate for Task?)

Yes

No

N/A

Foot Protection (Steel-toed boots etc.)

Compliant

Non-Compliant

N/A

PPE Issues / Corrective Actions Required

Write something...

Excavation & Trenching

Inspection of excavations, trenching, shoring, sloping, and cave-in prevention.

Excavation Depth (ft)

Enter a number...

Trench Shoring Method

- Shoring
- Sloping
- Benching
- No System Required (≤ 5 ft)

Soil Type (for Sloping/Benching)

- Type 1
- Type 2
- Type 3
- Type 4

Maximum Slope Angle (degrees)

Enter a number...

Underground Utility Location Verified?

- Yes - Marked on Surface
- Yes - Contacted Utility Company
- No - Unknown
- No - Not Applicable

Utility Company Contacted (if applicable)

Write something...

Date of Utility Location Verification

Enter date...

Describe any observed hazards or deficiencies

Write something...

Fall Protection

Assessment of fall hazards and proper fall protection systems (guardrails, harnesses, etc.).

Height of Work Area (feet)

Enter a number...

Type of Fall Protection Used

- Guardrail
- Personal Fall Arrest System (PFAS)
- Safety Net
- Controlled Access Zone
- Other (Specify in Long Text)

If 'Other' selected above, please specify:

Write something...

Guardrail Condition

- Excellent
- Good
- Fair
- Poor - Requires Repair

PFAS Inspection Points (Check all that apply)

- Harness Condition
- Lanyard Condition
- Anchor Point Integrity
- Proper Fit & Adjustment
- Connection Points Secure

Last PFAS Inspection Date

Enter date...

Inspector Signature

Electrical Safety

Inspection of electrical equipment, wiring, grounding, and temporary power sources.

Voltage of Temporary Power Source (V)

Enter a number...

Grounding System Status

- Adequate
- Inadequate
- N/A

Electrical Hazards Observed

- Exposed Wiring
- Damaged Insulation
- Overloaded Circuits
- Missing Grounding
- None

Details of Electrical Hazards Found

Write something...

Date of Last Electrical Equipment Inspection

Enter date...

Condition of Extension Cords

- Good
- Damaged
- N/A

Scaffolding & Ladders

Evaluation of scaffold stability, ladder safety, and proper usage.

Scaffold Height (feet)

Enter a number...

Scaffold Base Condition

- Stable & Level
- Unstable
- Slightly Unstable

Guardrail Condition

- Present
- Missing
- Damaged
- Proper Height
- Secure

Ladder Type

- Step Ladder
- Extension Ladder
- Fixed Ladder

Ladder Angle (degrees)

Enter a number...

Ladder Extension Above Landing

- 3 feet
- Less than 3 feet
- N/A

Ladder Condition Notes (Rungs, Steps, Rails)

Write something...

Heavy Equipment & Machinery

Checks on equipment condition, operation, maintenance, and operator competency.

Equipment Hour Meter Reading

Fluid Levels (Oil, Coolant, Hydraulic)

- Normal
- Low
- High
- Requires Attention

Tire Condition (if applicable)

- Good
- Fair
- Poor - Requires Replacement
- N/A

Brake System Check

- Functional
- Noisy
- Leaking
- Requires Attention

Any Unusual Noises or Vibrations?

Write something...

Load Capacity (Max Allowed)

Enter a number...

Safety Guards in Place?

- Yes
- No
- N/A

Last Maintenance Date

Enter date...

Hazard Communication

Verification of proper labeling, SDS availability, and employee training.

Number of Safety Data Sheets (SDS) Available

Enter a number...

SDS Locations Verified (Check all that apply)

- Main Office
- Tool Crib
- Jobsite Trailer
- Vehicle Storage
- Other (Specify)

If 'Other' Selected Above, Please Specify Location:

Write something...

SDS Training Last Conducted (Select Date)

Date of Last Hazard Communication Training

Enter date...

Summary of Hazard Communication Training Content

Write something...

Attach SDS Training Roster

 Upload File

Container Labeling Compliance: Are chemical containers properly labeled?

- Yes
- No
- N/A

Housekeeping

Assessment of site cleanliness, debris removal, and trip hazards.

Debris Volume (Cubic Yards)

Enter a number...

Identify Trip Hazards Present?

- Loose Materials
- Uneven Surfaces
- Hoses/Cords
- Tools/Equipment Left Out
- None

Description of Housekeeping Issues Observed

Write something...

Condition of Walkways/Access Routes?

- Clear & Safe
- Slight Obstructions
- Significant Obstructions
- Unsafe

Number of Unsecured Tools/Materials

Enter a number...

Notes on Waste Management Practices

Write something...

Fire Prevention & Protection

Inspection of fire extinguishers, fire lanes, and flammable material storage.

Fire Extinguisher Inspection Date

Enter a number...

Fire Extinguisher Condition (Visual)

- Good
- Damaged
- Missing
- Obstructed

Fire Lane Clearance

- Clear
- Obstructed
- Partially Obstructed

Last Fire Drill Date

Enter date...

Sprinkler System Inspection Status

- Inspected and Operational
- Needs Inspection
- Out of Service

Comments/Observations (Fire Prevention & Protection)

Write something...

Confined Space Entry

Checks related to confined space identification, permits, and safety procedures (if applicable).

Permit Issue Date

Entry Start Time

Permit Status

- Active
- Inactive
- Cancelled

Hazards Identified

- Oxygen Deficiency
- Toxic Gases
- Flammable Atmosphere
- Engulfment Hazards
- Other

Detailed Hazard Description

Write something...

Entry Supervisor

Name 1

Name 2

Name 1

Oxygen Level (%)

Enter a number...

Lethane Level (ppm)

Enter a number...

Environmental Compliance

Verification of erosion control measures, waste management practices, and spill prevention.

Rainfall Amount (mm) - Recent Precipitation

Enter a number...

Erosion Control Measures in Place?

- Yes
- No
- Partially Implemented

Describe any observed erosion issues:

Write something...

Photo Documentation of Erosion Control (if needed)

 Upload File

Waste Management Plan Followed?

- Yes
- No
- N/A

Amount of Waste Generated (estimated cubic meters)

Enter a number...

Date of Last Spill Prevention Plan Review

Enter date...

Describe any observed environmental concerns or spills:

Write something...