



# Construction Site Safety Survey Checklist

## General Site Conditions

Assessment of overall site orderliness and potential hazards.

**Ambient Temperature (°C)**

Enter a number...

**Wind Speed (km/h)**

Enter a number...

**Weather Conditions**

- ☐ Clear
- ☐ Cloudy
- ☐ Rain
- ☐ Snow
- ☐ Fog

### Site Orderliness

- ☐ Clean and Organized
- ☐ Minor Debris
- ☐ Moderate Debris
- ☐ Significant Debris

### Overall Site Observations

Write something...

### Presence of Unsafe Conditions

- ☐ No
- ☐ Yes

## Personal Protective Equipment (PPE)

Verification of required PPE usage and condition.

### Required PPE (Check all that apply)

- ☐ Hard Hat
- ☐ Safety Glasses
- ☐ Hearing Protection
- ☐ Safety Boots
- ☐ High-Visibility Vest
- ☐ Gloves
- ☐ Respirator

### Hard Hat Condition

- ☐ Good
- ☐ Fair
- ☐ Damaged - Requires Replacement

### Condition of Safety Boots (Scale of 1-5, 1=Poor, 5=Excellent)

Enter a number...

### Gloves being used appropriate for task?

- ☐ Yes
- ☐ No
- ☐ N/A

### Comments on PPE Usage/Condition

Write something...

## Fall Protection

Evaluation of fall protection measures in place.

### Type of Fall Protection System Used?

- ☐ Guardrail
- ☐ Harness & Lanyard
- ☐ Safety Net
- ☐ Controlled Access Zone
- ☐ Other

### Guardrail Height (feet)

Enter a number...

### Harness Condition - Visual Inspection

- ☐ Good
- ☐ Fair
- ☐ Poor - Requires Repair/Replacement

### Lanyard Length (feet)

Enter a number...

### Anchor Points - Verified?

- ☐ Inspected
- ☐ Rated
- ☐ Secure
- ☐ N/A

### Specific Comments Regarding Fall Protection

Write something...

### Last Inspection Date of Fall Protection Equipment

Enter date...

## Excavation Safety

Inspection of excavation sites and shoring systems.

### Excavation Depth (ft)

Enter a number...

### Shoring/Sloping Method Used

- ☐ Shoring
- ☐ Sloping
- ☐ Benching
- ☐ None (if permitted)

### Soil Type (Approximate)

- ☐ Type 1
- ☐ Type 2
- ☐ Type 3
- ☐ Type 4
- ☐ Type 5

### Underground Utilities Identified?

- ☐ Yes - Marked on Site
- ☐ Yes - Records Available
- ☐ No

### Competent Person Verification (Name/Signature)

Write something...

### Date of Last Utility Locate

Enter date...

### Distance from Edge to Utilities (ft)

Enter a number...

## Electrical Safety

Check for electrical hazards and safe work practices.

### Are GFCI's used within 75 feet of water?

☐ Yes

☐ No

☐ N/A

### Distance from overhead power lines (feet)

Enter a number...

### Which of the following electrical hazards are present? (Select all that apply)

☐ Exposed Wiring

☐ Damaged Cords

☐ Improper Grounding

☐ Overloaded Circuits

☐ None

### Are electrical panels accessible and clearly marked?

☐ Yes

☐ No

☐ N/A

### Upload Photo of Electrical Panel(s)

 Upload File

### Date of last electrical inspection

Enter date...

## Scaffolding & Ladders

Assessment of scaffolding and ladder safety.

### Scaffold Height (feet)

Enter a number...

### Scaffold Tie-in Status

- ☐ Properly Tied In
- ☐ Tie-in Required
- ☐ Damaged/Missing Tie-in

### Guardrail Condition

- ☐ Intact & Secure
- ☐ Damaged
- ☐ Missing Sections

### Ladder Safety Issues

- ☐ Proper Angle
- ☐ Secure Footing
- ☐ Extension Above Landing
- ☐ Overloaded
- ☐ Damaged Rungs

### Ladder Type

- ☐ Step Ladder
- ☐ Extension Ladder
- ☐ Telescoping Ladder
- ☐ Other

### Comments on Ladder or Scaffolding

Write something...

## Heavy Equipment & Vehicle Safety

Inspection of equipment operation and traffic management.

### Equipment ID Number

Enter a number...



### Equipment Condition (Pre-Operation)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Needs Repair

### Defects Observed (Check all that apply)

- ☐ Leaks
- ☐ Cracks
- ☐ Loose Parts
- ☐ Malfunctioning Lights
- ☐ Unusual Noises
- ☐ None

### Detailed Description of Defects (if any)

Write something...

### Operator Certification Verified?

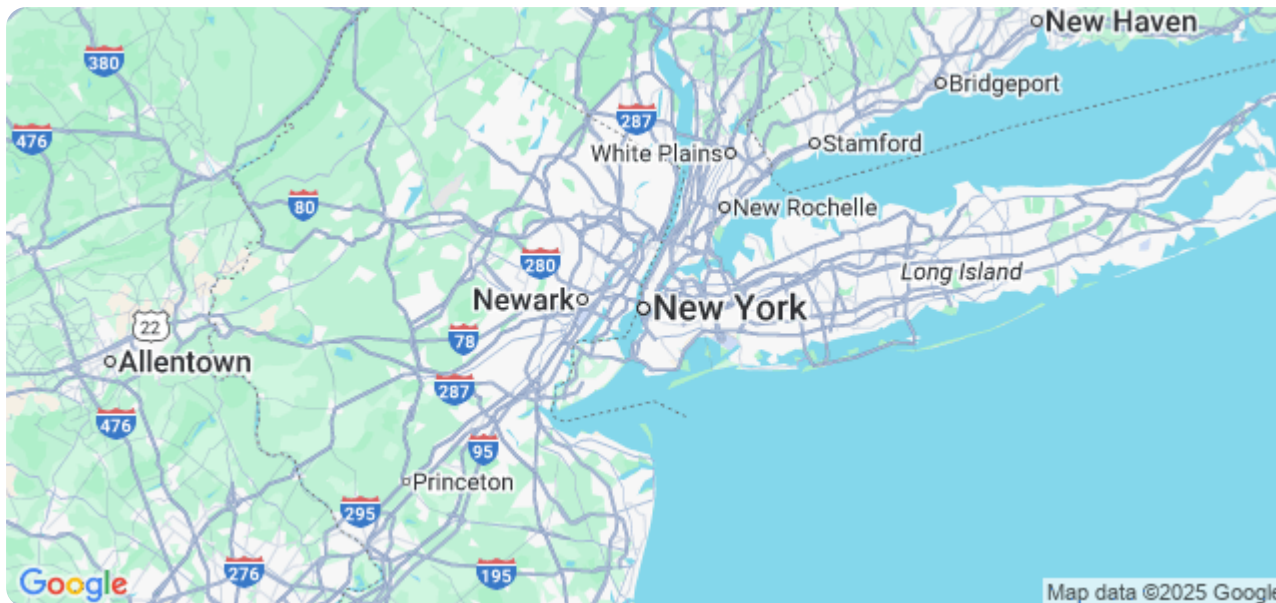
- ☐ Yes
- ☐ No
- ☐ N/A

### Hours Operated (this shift)

Enter a number...

## GPS Location of Equipment

 [Set My Current Location](#)



## Hazard Communication

Verification of SDS availability and hazard signage.

### SDS Availability for Chemicals?

- ☐ Yes
- ☐ No
- ☐ N/A

### List of Chemicals Present on Site:

Write something...


### Hazard Communication Training Completion?

- ☐ Yes
- ☐ No
- ☐ N/A

### Number of Employees Trained on HazCom:

Enter a number...

### Upload HazCom Training Records (if applicable):

 Upload File

### Are Hazard Classifications Clearly Marked?

- ☐ Yes
- ☐ No
- ☐ N/A

### Note any concerns regarding hazard communication:

Write something...

## Housekeeping

Evaluation of site cleanliness and debris management.

### Debris Volume (Cubic Yards)

Enter a number...

### Waste Disposal Method

- ☐ On-Site Recycling
- ☐ Off-Site Disposal
- ☐ Hazardous Waste Disposal

### Areas with Excessive Debris?

- ☐ Access Routes
- ☐ Work Zones
- ☐ Storage Areas
- ☐ Perimeter

### Description of Housekeeping Issues

Write something...

### Date of Last Housekeeping Review

Enter date...

### Condition of Walkways/Access Routes

- ☐ Clear
- ☐ Slight Obstructions
- ☐ Significant Obstructions
- ☐ Unsafe

### Number of Trip Hazards Identified

Enter a number...

## Emergency Preparedness

Review of emergency procedures and equipment.

### Emergency Evacuation Plan Posted?

☐ Yes

☐ No

☐ N/A

### Fire Extinguishers Inspected?

☐ Yes

☐ No

☐ N/A

### Last Fire Drill Date

Enter date...

### Number of First Aid Kits Available

Enter a number...

**Designated Emergency Coordinator Identified?**

☐ Yes

☐ No

☐ N/A

**Briefly describe any emergency-related observations or concerns.**

Write something...