



Jobsite Safety & Compliance Checklist: Construction Site Assessment

Site Access & Security

Verification of perimeter fencing, gates, visitor logging, and authorized personnel access.

Visitor Log Count

Last Perimeter Fence Inspection Date

Gate Lock Status

- ☐ Locked
- ☐ Unlocked
- ☐ Malfunctioning

Access Control Measures in Place

- ☐ Security Cameras
- ☐ Fencing
- ☐ Keypad Entry
- ☐ Guard Presence

Location of Emergency Access Point

 [Set My Current Location](#)



Notes on Security Concerns

Write something...

Personal Protective Equipment (PPE)

Assessment of required PPE availability, usage, and condition for all workers.

Number of Hard Hats Available

Enter a number...

Number of Safety Glasses/Goggles Available

Enter a number...

Number of High-Visibility Vests/Clothing Available

Enter a number...

PPE Inspection Status (Gloves)

- ☐ Good
- ☐ Fair
- ☐ Damaged
- ☐ N/A

Last PPE Training Date

Enter date...

Condition of Respirators (if applicable)

- ☐ Clean & Functional
- ☐ Needs Cleaning
- ☐ Damaged/Needs Replacement
- ☐ N/A

Notes on PPE Condition/Observations

Write something...

Hazard Identification & Control

Review of identified hazards (falls, electrical, confined spaces, etc.) and implemented control measures.

Describe any identified fall hazards (e.g., unprotected edges, scaffolding issues)

Write something...

Which of the following potential electrical hazards are present?

- ☐ Exposed Wiring
- ☐ Overhead Power Lines
- ☐ Damaged Equipment
- ☐ Inadequate Grounding
- ☐ None

Detail control measures implemented for identified noise hazards (e.g., hearing protection, barriers)

Write something...


Distance maintained from overhead power lines (in feet)

Enter a number...

Confined space entry permit required? (If yes, permit number)

- ☐ Yes
- ☐ No

Upload photos of any identified hazards

 Upload File

Describe measures taken to prevent dust exposure.

Write something...

Equipment & Machinery

Inspection of equipment functionality, maintenance records, and operator certifications.

Equipment ID Number

Enter a number...

Last Inspection Date

Enter date...

Operating Hours (since last service)

Enter a number...

Operational Status (Pre-Use)

- ☐ Functional
- ☐ Needs Repair
- ☐ Out of Service


Notes/Observations (Mechanical Condition)

Write something...

Operator Certification Valid?

- ☐ Yes
- ☐ No
- ☐ N/A

Upload Maintenance Records (optional)

 Upload File

Fluid Levels (e.g., Oil, Coolant)

Enter a number...

Excavation & Trenching Safety

Verification of shoring, sloping, benching, and atmospheric testing procedures.

Excavation Depth (feet)

Enter a number...

Trenching Method

- ☐ Shoring
- ☐ Sloping
- ☐ Benching
- ☐ Underslung
- ☐ Shielding

Soil Classification (OSHA)

- ☐ Type A
- ☐ Type B
- ☐ Type C
- ☐ Type D

Shoring Spacing (feet)

Enter a number...

Atmospheric Testing Date

Enter date...

Atmospheric Testing Results (O2, CO, H2S)

Write something...

Competent Person Verification

- ☐ Yes
- ☐ No

Photographic Evidence (Shoring/Sloping)

 Upload File

Electrical Safety

Evaluation of grounding, lockout/tagout procedures, and overhead power line clearance.

Voltage Level (kV)

Enter a number...

Grounding Method Verified?

- ☐ Rod Grounding
- ☐ Plate Grounding
- ☐ Grid System
- ☐ Other

Last Lockout/Tagout Training Date

Enter date...

Lockout/Tagout Procedures Followed?

- ☐ Yes
- ☐ No
- ☐ N/A

Distance from Overhead Power Lines (feet)

Enter a number...

Any Electrical Hazards Observed? (Describe)

Write something...

GFCI Protection Available and Functioning?

- ☐ Yes
- ☐ No
- ☐ N/A

Upload Electrical Inspection Report (if applicable)

 Upload File

Fall Protection

Assessment of guardrails, safety nets, personal fall arrest systems, and training.

Guardrail Height (Feet)

Enter a number...

Safety Net Distance Below Work Surface (Feet)

Enter a number...

Type of Fall Arrest System in Use

- ☐ Personal Fall Arrest (Harness & Lanyard)
- ☐ Safety Net
- ☐ Controlled Access Zone
- ☐ Guardrail System

Date of Last Fall Protection Training

Enter date...

Harness Condition (Visual Inspection)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor - Requires Replacement

Areas Requiring Fall Protection

- ☐ Roofing
- ☐ Scaffolding
- ☐ Trenches
- ☐ Edge Protection
- ☐ Mezzanines

Inspector Signature

Housekeeping & Sanitation

Review of site cleanliness, waste disposal, and restroom facilities.

Waste Container Count

Enter a number...

Restroom Soap/Sanitizer Levels (Scale of 1-5)

Enter a number...

Areas needing sweeping/cleaning?

- ☐ Entrance
- ☐ Break Room
- ☐ Restrooms
- ☐ Work Areas
- ☐ Perimeter

Specific Cleaning Notes/Issues

Write something...

Last Sanitation Service Date

Enter date...

Overall Cleanliness Rating (Poor, Fair, Good, Excellent)

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

Emergency Preparedness

Confirmation of emergency contact information, first aid supplies, and evacuation plan.

Emergency Contact List

Write something...

First Aid Kit Expiration Date (MM/DD/YYYY)

Enter a number...

Last Fire Drill Date

Enter date...

Scheduled Time for Next Fire Drill

Location of Fire Extinguishers

Set My Current Location




Evacuation Routes Verified?

☐ Yes

☐ No

☐ Partial

Evacuation Plan Map (Optional)

 Upload File

Emergency Response Team Identified?

☐ Yes

☐ No

Regulatory Compliance

Verification of adherence to OSHA regulations, permits, and environmental compliance.

OSHA Permit Number (if applicable)

Enter a number...

Relevant Environmental Permits Obtained?

☐ Yes

☐ No

☐ Pending

Last OSHA Inspection Date

Enter date...


Summary of any Compliance Issues Found & Corrective Actions Planned

Write something...

Stormwater Pollution Prevention Plan (SWPPP) Current?

- ☐ Yes
- ☐ No
- ☐ N/A

Relevant Permits & Documentation (Upload)

 Upload File

Air Quality Permit Number (If Applicable)

Enter a number...