Daily Pre-start Safety Inspection Checklist

Construction

AUDIT VERIFICATION
Name & Signature
DESCRIPTION AND CONTROLS
Please mention the type of task General Abatement Demolition Pile driving Formwork Reinforce steel Steel erection Mechanical Electrical Plumbing Glazing Roofing Drywall Painting Sitework Excavation Underground work Stair installation Cleanup
Please select the hazard(s) that may occur while finishing today's task Fall / Gravity
Please select the type of hazard control you would apply to this task Elimination-Remove the hazard Substitution-Replace the hazard Engineering-Isolate people from the hazard Administrative-Change the way people work PPE-Protect workers with personal protective equipment
SAFETY WITH FINAL CHECKS
For this task, which specific controls you would apply to the above hazards? Training Replacement Removal Repair Spotters Lighting Isolation Respiratory Protection Application of PPE Signage Fall Arrest Extinguishers Screens

Locating Equipment UV Protection Gas Detection
Is every member on-duty equipped with proper PPE for today's tasks? Yes No NA
SUMMARY OF DAILY WORK
Project Name
What kind of work is being performed? Select all that apply. General Abatement Demolition Pile driving Formwork Reinforce steel Steel erection Mechanical Electrical Plumbing Glazing Roofing Drywall Painting Sitework Excavation Underground work Stair installation Cleanup
Mention the list of works to be performed today textarea
Did the crew members perform daily stretch activity? Yes No NA
Please elaborate the task textarea