

Daily pre start safety inspection checklist

Construction

DAILY PRE START INSPECTION

Date

DATE

2017-01-01

Project name:

Tasks being performed today:

Task name

Description

Task category

Task type

Potential hazards

Controls to be applied to the task

Which category of hazard control will be applied here?

Name of crew members involved in the task

Have all crew members performed daily flex and stretch?

☐ Yes ☐ No ☐ Na

Do all members have required PPE?

☐ Yes ☐ No ☐ Na

NAME OF CREW MEMBERS PRESENT AND SIGNATURE

Signature of inspector:

SIGNATURE