

Safety Walk Checklist

Construction

AUDIT VERIFICATION

Name of the inspector/supervisor

Please validate the inspection with signature

SIGNATURE

INSPECTION CHECKS

Will you inspect the work areas on this safety walk?

Yes

No

NA

Will you inspect the PPE on this safety walk?

Yes

No

NA

Will you inspect the fall protection equipment on this safety walk?

Yes

No

NA

Will you inspect the ladders on this safety walk?

Yes

No

NA

Will you inspect the tools and equipment on this safety walk?

Yes

No

NA

Will you inspect the excavations on this safety walk?

Yes

No

NA

Will you inspect the electrical safety on this safety walk?

Yes

No

NA

Will you inspect the personnel and this safety walk?

Yes

No

NA

PROJECT DETAILS

Mention the project name

STAFF SAFETY CHECKS

During this inspection, do you wish to check the work crew safety knowledge?

Yes

No

NA

Within the last week, has the pre-start meeting or toolbox talk attended by a team member?

Yes

No

NA

Is the team member able to narrate the correct process to follow in an emergency situation?

Yes

No

NA

Is the worker able to identify three hazards they may encounter in their tasks today?

Yes

No

NA

Signature of a team member as a witness

SIGNATURE

Please mention any recommendation in respect to this inspection

textarea

Are all required corrective actions added as actions to this inspection?

Yes

No

NA