

Weekly Site Safety Inspection Checklist

Construction

AUDIT VERIFICATION

Name of the inspector/supervisor

Signature of the inspector/supervisor

SIGNATURE

CLOSURE

Please elaborate on the findings of this inspection

textarea

Please upload any relevant images

UPLOAD

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

Yes

No

NA

GENERAL, CHEMICAL AND MECHANICAL CHECKS

Please select following areas that will be inspected

☐ Electrical safety ☐ Chemical safety ☐ Confined spaces

Will the incident, Injury, accident procedures be inspected during the audit?

Yes

No

NA

OVERVIEW

Mention the Project name

Mention the name of the staff on site

Please select the weather condition at the time of visit

Clear sky

Cloudy

Raining

Windy

Hazy

Snow/hail

Please mention the minimum temperature at the time of visit

textarea

Please mention the maximum temperature at the time of visit

textarea

Please select the current activities being undertaken on site

- ☐ General ☐ Abatement ☐ Demolition ☐ Pile driving ☐ Formwork ☐ Reinforce steel
☐ Steel erection ☐ Mechanical ☐ Electrical ☐ Plumbing ☐ Glazing ☐ Roofing ☐ Drywall
☐ Painting ☐ Sitework ☐ Excavation ☐ Underground work ☐ Stair installation ☐ Cleanup

SAFETY INSPECTION CHECKS

Please select the following areas that will be inspected

- ☐ First aid facility ☐ Fire and emergency ☐ Site security ☐ PPE

Will the housekeeping department be inspected?

Yes

No

NA

Please select the following areas that will be inspected

☐

Work benches

☐

Site storage

☐

Waste

☐

Trip and fall

☐

Scaffolds

Please select following areas that will be inspected

☐

Hazardous manual task

☐

Hand/power tools

☐

Ladders