

**SAFETY INSPECTION CHECKLIST**

Date of Inspection: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_ Job Site Location: \_\_\_\_\_

<b>CONDITIONS AND PROTECTION SATISFACTORY?</b>	<b>YES</b>	<b>NO</b>	<b>SUGGESTIONS</b>
<b><u>FIRE</u></b>			
Fire extinguishers checked, tagged, accessible	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extinguishers proper for exposure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flammable materials properly labeled and stored	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flammable waste, rubbish removed daily	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b><u>ELECTRICAL</u></b>			
Electrical equipment marked, grounded, guarded	<input type="checkbox"/>	<input type="checkbox"/>	_____
Portable tools grounded or double-insulated	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extension cords and plugs in good condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ground fault circuit interrupter (GFCI) available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Damaged equipment and tools tagged and removed from service for repairs	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b><u>FIRST AID</u></b>			
First Aid supplies and equipment available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personnel trained in CPR / First Aid available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employee emergency medical data card available	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b><u>PERSONAL PROTECTION EQUIPMENT</u></b>			
Respirator, cartridges and pre-filters appropriate for use	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extra cartridges and pre-filters available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respirators and replacement parts available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Positive and negative fit check performed each time respirator is used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety harnesses and lanyards available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hard hats available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eye protection available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing protection available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hand protection available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyewash stations available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriate work shoes worn by employees	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>CONDITIONS AND PROTECTION SATISFACTORY?</b>	<b>YES</b>	<b>NO</b>	<b>SUGGESTIONS</b>
<b><u>EQUIPMENT</u></b>			
Ladders and stepladders used properly and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scaffolding: access ladders, planking, top- and mid-guardrails, toeboards are installed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Meshing in place between the toeboard and guardrail protecting persons who must work/pass under the scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	_____
Aerial lifts in good working order and used properly	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b><u>HOUSEKEEPING</u></b>			
Material properly stored; containers checked for leaks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tools and equipment placed so tripping and falling hazards are eliminated	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walkways and stairs kept clear	<input type="checkbox"/>	<input type="checkbox"/>	_____
Working area cleared of construction debris	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b><u>EMPLOYEE INFORMATION</u></b>			
Required OSHA posters available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Material Safety Data Sheets available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hazard Communication Program available	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b><u>REPORTING INFORMATION</u></b>			
Accident/Incident investigation reports available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency number poster available	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b><u>GENERAL</u></b>			
Traffic control available (if needed)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate ventilation supplied in operation areas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper lighting throughout the job site	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employees' training completed for work assignments	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toilet facilities available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drinking water and disposable cups available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Security provided as required	<input type="checkbox"/>	<input type="checkbox"/>	_____