

Jobsite Safety Inspection

Project Name:	Date:
Address:	Job #:
Superintendent:	Weather:

Guidelines: **S – Satisfactory** **I –Improvement Needed** **N/A–Not applicable**

S	I	NA			S	I	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1) Toolbox Safety Meetings & Job Hazard Analysis (JHA) (Current)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) Lock Out/Tag Out (LOTO) (Logs, Lock out devices, tags)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2) IIPP, Safety Program (COSP)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Electrical Safety (cords, grounding)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3) Heat Illness Prevention (program, shade, water)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16) Flammable and Combustible Liquids (Gas containers, storage, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4) Emergency Evacuation, Exits/Egress (signs, clear, maintained)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17) Hot Work Operations-Welding/ Cutting (permit, fire protection, cylinder storage)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5) First Aid / Eye Wash (supplies, trained personnel, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Power Tools/Hand Tools, Powder Actuated Tool (PAT) (guards, signage, operator certification)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) Hazard Communication & Safety Data Sheets (SDS, chemicals labeled)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Forklift-Heavy Equipment Operations (warning devices, inspection log, operator certification)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7) Personal Protective Equipment (PPE) (eye protection, head protection, face shield, respiratory protection)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Cranes -Tower, Mobile (certifications, lift plan, operator certification, swing radius, Pre lift meeting)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8) Scaffolds (inspections current, wheels locked, railings, access, authorized users, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Rigging, Lifting & Equipment (Cables, shackles, Hooks, Etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9) Housekeeping /Site Conditions (maintained, cleanup operations)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Confined Space (permits, identification, air monitoring, access restriction)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10) Mobile Elevating Work Platforms (scissor lift, JLG, inspection log, operator certs., safety chain/mid-rail)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Public Protection (fencing, work area, public access/protection)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11) Fall Protection (Floor Openings, covers, guardrails, PFA, Leading Edge)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24) Excavation/Trenching (Inspections, utility locating, shoring, Spoils, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12) Ladders/Stairways (ladders free from damage, "A" frame properly used, extended 3' above landing & secured)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13) Fire Safety/Fire Protection (charged, inspection records current)					

Notes:



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Item #	Date Corrected	Corrective Action Taken	Signature