

CONSTRUCTION SAFETY CHECKLIST

Find and record common construction hazards.



Site Name & Address _____

Observer (Initials) _____ Date Observed _____

CHECKLIST COMPLETED: (Check ☒ all boxes that apply)

- ☐ From sidewalk (Not working here)
- ☐ Off-Site before or after work
- ☐ On-Site

INSTRUCTIONS

Every section of the audit should have a check ☒.

Yes = Observed and in compliance

No = Observed and not in compliance

Not Needed = Not present on jobsite

DK = Do not know

PERSONAL PROTECTIVE EQUIPMENT: Needed at this worksite?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not know <input type="checkbox"/>
HARD HATS					COMMENTS		
1. Supplied by employer	Yes	No	Not Needed	DK			
2. Worn when required	Yes	No		DK			
BOOTS							
1. Supplied by workers	Yes	No	Not Needed	DK			
2. Worn when required	Yes	No		DK			
HEARING PROTECTION							
1. Supplied by employer	Yes	No	Not Needed	DK			
2. Worn when required	Yes	No		DK			
EYE PROTECTION							
1. Supplied by employer	Yes	No	Not Needed	DK			
2. Worn when required	Yes	No		DK			
RESPIRATORY PROTECTION							
1. Supplied by employer	Yes	No	Not Needed	DK			
2. Training provided	Yes	No		DK			
3. Worn when required	Yes	No		DK			
LADDERS: Are present at this worksite?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not know <input type="checkbox"/>
1. Correct size for the job		Yes	No	DK			
2. Fully opened and spreader bars locked		Yes	No	DK			
3. Firm foundation for ladder feet		Yes	No	DK			
4. Proper climbing procedures		Yes	No	DK			
5. Three-point contact rule followed		Yes	No	DK			
6. Free from obvious defects		Yes	No	DK			
7. Workers stand below top 2 steps		Yes	No	DK			
8. Extend more than three feet above support		Yes	No	DK			

SCAFFOLDS: Are present at this worksite? Yes ☐ No ☐ Do not know ☐

- | | | | |
|---|-----|----|----|
| 1. Fall protection used if over 10 feet tall | Yes | No | DK |
| 2. Set up on level, stable footing | Yes | No | DK |
| 3. Platform is appropriate width for type of scaffold | Yes | No | DK |

FALL PROTECTION: Needed at this worksite? Yes ☐ No ☐ Do not know ☐

- | | | | |
|---|-----|----|----|
| 1. Fall protection provided for heights 6 ft. or more | Yes | No | DK |
| 2. Harness is worn properly and attached to secure anchorage | Yes | No | DK |
| 3. Slide guards are installed across full width and all sides | Yes | No | DK |
| 4. Guardrails set up for openings >6' above lower level | Yes | No | DK |
| 5. Guardrails are constructed sturdily with 2 x 4s | Yes | No | DK |

MACHINE HAZARDS: Are power tools and machines used at this site? Yes ☐ No ☐ Do not know ☐

- | | | | |
|--|-----|----|----|
| 1. Workers are trained on the use of power tools. | Yes | No | DK |
| 2. Workers have appropriate PPE and keep clothing away | Yes | No | DK |
| 3. Workers are trained prior to using nail guns | Yes | No | DK |
| 4. Tile and concrete are cut with wet methods | Yes | No | DK |

HEAT STRESS: Is heat a major problem at this site? Yes ☐ No ☐ Do not know ☐

- | | | | |
|--|-----|----|----|
| 1. Have workers been trained on preventing and recognizing heat-related illness? | Yes | No | DK |
| 2. Are workers provided with enough water and appropriate rest breaks? | Yes | No | DK |

LEAD PAINT HAZARDS: Is the site at risk for lead-contaminated dust? Yes ☐ No ☐ Do not know ☐

- | | | | |
|---|-----|----|----|
| 1. Have workers been trained on handling lead dust? | Yes | No | DK |
| 2. Is the work area properly contained? | Yes | No | DK |

ELECTRICAL HAZARDS: Are present at this worksite? Yes ☐ No ☐ Do not know ☐

- | | | | |
|--|-----|----|----|
| 1. Work on electrical circuits or energized equipment is begun only after all power sources have been identified, de-energized and locked out or tagged out. | Yes | No | DK |
| 2. Overhead and underground electrical power lines are located, identified, and avoided. | Yes | No | DK |
| 3. Ladders, scaffolds, equipment or materials more than 10 feet from any electrical power lines | Yes | No | DK |

EXCAVATIONS: Are present at this worksite? Yes ☐ No ☐ Do not know ☐

- | | | | |
|---|-----|----|----|
| 1. Soil and conditions are inspected everyday | Yes | No | DK |
| 2. Safe exits (ladders) for excavations greater than 4 ft. deep | Yes | No | DK |
| 3. Shoring, shielding, and inclination assessed for excavations greater than 5 ft. deep | Yes | No | DK |

ACTIONS OR CHANGES

1. Talked to your organizers about health and safety concerns and possible changes/training	Yes	No
2. Talked to co-workers about health or safety concerns	Yes	No
3. Talked to foreman or contractor about health or safety concerns	Yes	No
4. Suggested changes in equipment or procedures to co-workers	Yes	No
5. Asked foreman or contractor for changes in equipment or procedures	Yes	No
6. Asked foreman or contractor for training for self and/or co-workers	Yes	No

COMMENTS: