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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client/General Contractor: | Worksite: | | | | | Inspection Date: | | | |
| Location: | Scope of Work: | | | | | Time: Weather: | | | |
|  |  | | | | |  | | | |
| Performed By: | Position: | | | | | Supervisor: | | | |
|  |  | | | | |  | | | |
| **Safety Requirements Yes = √ No= X N/A= Not Applicable** | | **Yes** | **No** | **N/A** | **Site Conditions Yes = √ No= X N/A= Not Applicable** | | **Yes** | **No** | **N/A** |
| Safety Manual | |  |  |  | Noise Level Acceptable | |  |  |  |
| Safety Policies Posted / Available | |  |  |  | Particles in the Air | |  |  |  |
| First Aid Personnel | |  |  |  | Lighting Adequate | |  |  |  |
| First Aid Kit / Facilities | |  |  |  | Temperature OK | |  |  |  |
| Fire Extinguisher (charged/inspected) | |  |  |  | Falling Objects (risk of) | |  |  |  |
| Emergency Exits (visible/obscured) | |  |  |  | Stacking of Material (safe/unsafe) | |  |  |  |
| PPE (acceptable/worn) | |  |  |  | Slip/Trip/Fall Hazard | |  |  |  |
| Warning Signs Posted | |  |  |  | Machinery (No obvious defects) | |  |  |  |
| Communication available, emergency numbers known/posted | |  |  |  | Sanitation Facilities | |  |  |  |
| Muster Point known by workers | |  |  |  | Site Parking Conditions | |  |  |  |
| Regulations available to workers | |  |  |  | Overhead Power Lines | |  |  |  |
| General Housekeeping | |  |  |  | Underground services | |  |  |  |
| Accidents/incidents/near misses since last report | |  |  |  | Traffic Control Established | |  |  |  |
| Stockpiling of materials | |  |  |  | Electrical Lockout Required | |  |  |  |
| Hazard Assessment | |  |  |  | Temporary Installation of Guardrails | |  |  |  |
| Site Rules | |  |  |  | Safe Entry/Exit to Site | |  |  |  |
| Access Restricted | |  |  |  |  | |  |  |  |
| PPE (special requirements) | |  |  |  | Fall Protection | |  |  |  |
| Environmental Policy followed | |  |  |  | FP Plan (documented) | |  |  |  |
| Site Rules followed by employees | |  |  |  | Proof of Training | |  |  |  |
| Site Orientation Completed by Supervisor | |  |  |  | Equipment – Annual Inspection | |  |  |  |
| Security at night (if required) | |  |  |  | WHMIS | |  |  |  |
| Smoking (Rules Posted) | |  |  |  | Proof of Training (random check) | |  |  |  |
| Site Equipment | |  |  |  | Proper Labeling on containers | |  |  |  |
| Ladders (tied off/3 rungs above) | |  |  |  | SDS’s current on this date-spot check | |  |  |  |
| Aerial Lifts / Training / Inspection | |  |  |  | Asbestos concerns | |  |  |  |
| Hoses/Cords/Ropes | |  |  |  | Flammable/Explosive Products | |  |  |  |
| Hoisting Equipment / Crane | |  |  |  | Reactive / Corrosive Products | |  |  |  |
| Sawhorse | |  |  |  |  | |  |  |  |
|  | |  |  |  | Scaffold/Pump Jack | |  |  |  |
| Power Tools | |  |  |  | Proof of Training | |  |  |  |
| Double Insulated or Grounded | |  |  |  | Proper set up | |  |  |  |
| Specific Training | |  |  |  | Scaffold Tag in Place | |  |  |  |
| Safety Guards in place | |  |  |  | Daily Inspections Complete and Documented (scaffolding) | |  |  |  |
| Inspected (visually) | |  |  |  |  | |  |  |  |

**Details of Required Action / Comments / Observations**  
Priority:   
1 = Immediate action required – 5 = Needs Attention

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| --- | --- | --- | --- | --- |
| **Priority** | **Hazard & Exact Location** | **Corrective Actions** | **Date Completed** | **Completed By** |
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| **Notes:** | | | | |
| **Inspection Completed by**  **Signature: Date:** | | | | |
| **Management Review**  **Signature: Date:** | | | | |