

# JOBSITE SAFETY INSPECTION CHECKLIST

A job-site safety inspection checklist form that covers PPE, housekeeping, fire protection, material handling & storage, tools, electrical, ladders, and more.



* Your Name	* Date / Time

## INSPECTION DETAILS

Location	Line of Business
Location	Customer

## GENERAL

Emergency phone numbers and procedures posted? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	First aid supplies readily available? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
First aid supplies adequate for job manpower? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Required posters and signs posted and readable? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA

## PERSONAL PROTECTIVE EQUIPMENT

Hard hats worn by all personnel in work areas? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Eye and face protection worn as required? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Hearing protection worn as required? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Respiratory protection worn as required? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Safety harnesses and lanyards worn for fall protection? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Workers dressed properly for the job? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Personal protective equipment in good condition? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Safety supplies adequate for job manpower? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA

## HOUSEKEEPING

Walkways and stairs kept clear of material and debris? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Cords and hoses strung to prevent trip and fall hazard? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Are liquid spills cleaned up immediately? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Restrooms and eating areas clean? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Work areas clean and orderly? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Trash, scrap, and debris picked up and disposed of? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA

## FIRE PROTECTION

<p>Fire protection equipment well marked and accessible?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>	<p>Employees trained to use fire protection equipment?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>
<p>Fire extinguishers inspected monthly?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>	<p>Smoking prohibited where flammables are located?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>
<p>Flammables stored and handled in approved containers?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>	<p>Oily rags disposed of in an approved container?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>

## MATERIAL HANDLING AND STORAGE

<p>Materials stored neatly in stacks or piles?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>	<p>Cylindrical materials racked or cribbed and blocked?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>
<p>Loose materials containerized or palletized?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>	<p>Aisle space maintained around stored materials?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>
<p>Storage areas kept clear of scrap, debris, and trash?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>	<p>Slings and chokers in good condition?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>
<p>Chain falls and come-a-longs in good condition?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>	<p>Cranes operated in a safe manner by operators?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>
<p>Workers move from under suspended loads?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>	<p>Workers know and use proper crane signals?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>
<p>Crane hand signals posted on jobsite?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>	<p>Workers attach tag lines to loads?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>
<p>Hoisting hooks have safety latches?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>	<p>Running cables inspected and in good condition?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>
<p>Load limits marked on all hoisting rigs?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>	

## TOOLS

<p>Power tools have guards in place?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>	<p>Power tools either grounded or double insulated?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>
<p>Power tool cords and plugs in good condition?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>	<p>Impact tools with mushroomed heads dressed as needed?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>
<p>Broken tools repaired or replaced as needed?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)      <input type="checkbox"/> NA</p>	

## WELDING AND CUTTING

Gas cylinders stored upright and secured? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Oxygen cylinders segregated from fuel gas cylinders? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Full cylinders segregated from empty cylinders? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Caps secured on all cylinders not in use? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Welding leads in good condition? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Welding screens erected in high flash areas? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Welding blankets used to protect materials/equipment? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Fire watches posted as needed? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Proper permits issued (as required)? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Fire extinguishers kept close to hot work areas? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA

## ELECTRICAL

120 volt tools and equipment tested and color-coded? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Extension cords heavy duty, 3-wire type? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Temporary lights equipped with bulb guards? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Sufficient lighting to work and move safely? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Lockouts used to de-energize operational systems? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Welders and stationary equipment properly grounded? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA

## LADDERS

Straight ladders secured at top landing? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Straight ladders extend 36" above top landing? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Straight ladders have feet or blocked at bottom? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Straight ladders set up with a 4 to 1 slope? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Top step of stepladders not used as a step? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Climbing the back of stepladders prohibited? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Workers use the proper height ladder for the job? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Portable ladders used only by company employees? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA

## SCAFFOLDS AND MANLIFTS

All scaffold parts and hardware used as required? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	All scaffold hardware and parts in good condition? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Scaffolds fully planked? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	All scaffold planks cleaned? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Scaffolds have guardrails, midrails, and toe boards? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Wheels on rolling scaffolds locked during scaffold use? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Workers prohibited from riding rolling scaffolds? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Manlifts in good operating condition? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA

Only trained employees allowed to operate manlifts? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Outriggers extended when manlifts are in use? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Workers prohibited from exiting raised manlifts? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Workers only allowed to work from floor of basket? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Workers required to tie-off while basket is raised? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	

## HANDRAILS AND HOLE COVERS

Perimeters and drop-offs protected by rails or cables? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Railings sturdy, continuous, and have midrails? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Railings replaced after temporary removal? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Floor holes protected by railings or hole covers? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Hole covers secured to prevent movement? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Hole covers marked to prevent accidental removal? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Hole covers replaced after temporary removal? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	

## EXCAVATION AND TRENCHING

Excavations 5' or deeper shored, sloped, or boxed? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Workers stay within shored area? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Excavated spoil stored at safe distance from work? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Barricades placed on all open sides at end of shift? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Ladders placed every 50' for entry and egress? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Excavations de-watered as needed? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Backfill placed as soon as possible? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	

## COMMUNICATIONS

Do crew leaders communicate with their crews on job methods? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Do crew leaders react to employee safety recommendations? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Do crew leaders address unsafe actions and conditions? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Are safety meetings held weekly with all employees? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA

## INSPECTION COMMENTS

Comments / Notes

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Inspector Signature

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