WEEKLY JOBSITE SAFETY INSPECTION REPORT

PROJECT:	
DATE:	JOB NO:
BY:	PAGE: 1 of 1
DIST: Sr PM/PM/Supt/Safety Dir/Jobsite Safety File	

Subcontractor: _____

Inspector: _____

✓ = acceptable
x = correction needed

			REMARKS / ADDITIONAL ITEMS
1. First-aid facilities convenient, adequate			
2. Employee work practices, manual lifting, safety rules			
3. Floor & wall openings covered, rails			
4. Housekeeping debris, storage plan			
5. Environmental controls lighting, heat, water			
6. Personal prot. equip. available, in use			
7. Fire control extinguishers, plan			
8. Traffic control on & off site, pedest.			
9. Hand tools condition, use			
10. Welding ventilation, fire watch			
11. Electrical GFCI, inspection			
12. Ladders & scaffolds type, setup, use			
13. Power equipment condition, maint.			
14. Trenching & excavation egress, retention, barr.			
15. (MSDS) Hazard Material Lists			
Additional items:			
16.			
17.			
18.			
19.			
20.			
21.			