

SAFETY INSPECTION CHECKLIST

Date/Time: _____ Inspector: _____

Describe activity taking place at time of inspection (includes trades on site): _____

CATEGORY	MEETS REQUIREMENTS			HAZARD DESCRIPTION	HOW ABATED?	DATE ABATED
	YES	NO	N/A			
PPE						
Fall Protection						
Guardrails / Handrails						
Scaffolding						
Stairways						
Ladders						
Electrical						
Excavation/Trenching						
Crane/Rigging/Signaling						
Equipment						
Tools						
Confined Space						
Access / Egress						
Housekeeping						
Rebar						
Fire Protection						
Traffic						
Haz Com						
Lock Out / Tag Out						
Other:						

Additional Comments/Recommendations: _____

Inspector Signature: _____