# SAFETY INSPECTION CHECKLIST

Date/Time: _____ Inspector Name: _____

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

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

Additional Comments/Recommendations: _____

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Inspector Signature: _____