

JOBSITE INSPECTION CHECKLIST

Inspected by _____

Company/Project _____

Number of Employees _____

Copies to _____

Date _____

1. SITE ACCESS

OK

Not Ok

ACTION TAKEN

Clean, level ground

Adequate ramps

Adequate stairs

Adequate ladders

2. PROTECTIVE EQUIPMENT

OK

Not Ok

ACTION TAKEN

Hard hats worn

Foot protection worn

Fall protection worn

Skin protection: Worn

Available

Eye & face protection: Worn

Available

Hearing protection: Worn

Available

Respiratory protection: Worn

Available

3. GUARDRAILS, BARRICADES

OK

Not Ok

ACTION TAKEN

Located where required

Properly constructed

Adequately secured

4. LADDERS

OK

Not Ok

ACTION TAKEN

Secured

Proper angle (extension ladders)

Proper size and type

Safe, usable condition

Properly used

Proper handrail and landings

Non-slip bases

5. FIRE PROTECTION

OK

Not Ok

ACTION TAKEN

Extinguishers where required

Fully charged

Adequately identified

Master emergency plan

6. PUBLIC WAY PROTECTION

	OK	NOT OK	ACTION TAKEN
Properly located (within 4.5 m)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Covered where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Min. height, width requirement	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper rail on street side	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper lighting, where required	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. HOUSEKEEPING

	OK	NOT OK	ACTION TAKEN
Clear walkways	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clear work areas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clear access and landing	<input type="checkbox"/>	<input type="checkbox"/>	_____

8. FALL PROTECTION

	OK	NOT OK	ACTION TAKEN
CSA approved	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unprotected openings and edges	<input type="checkbox"/>	<input type="checkbox"/>	_____
Working from:			
Ladders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scaffolds	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swingstages	<input type="checkbox"/>	<input type="checkbox"/>	_____

9. STAIRWELLS & RAMPS

	OK	NOT OK	ACTION TAKEN
Proper filler blocks in metal stairs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper cleats on ramps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate lighting in stairwells	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper handrails or guardrails	<input type="checkbox"/>	<input type="checkbox"/>	_____

10. SCAFFOLDS

	OK	NOT OK	ACTION TAKEN
Properly erected (all parts used)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly planked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper guardrails, toeboards	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper access to platform	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acceptable loading	<input type="checkbox"/>	<input type="checkbox"/>	_____

11. POWER TOOLS, EQUIPMENT

	OK	NOT OK	ACTION TAKEN
General condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper guards, cords, PPE	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tagging as DEFECTIVE	<input type="checkbox"/>	<input type="checkbox"/>	_____

12. EXTENSION CORDS

	OK	NOT OK	ACTION TAKEN
Outdoor-type, rated over 300 volts	<input type="checkbox"/>	<input type="checkbox"/>	_____
General condition of casing, ends, and connections	<input type="checkbox"/>	<input type="checkbox"/>	_____

13. GAS CYLINDERS

	OK	NOT OK	ACTION TAKEN
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly moved or lifted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly hooked up	<input type="checkbox"/>	<input type="checkbox"/>	_____

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14. WORKER EDUCATION

	OK	NOT OK	ACTION TAKEN
WHMIS training	<input type="checkbox"/>	<input type="checkbox"/>	_____
Company safety policy & program	<input type="checkbox"/>	<input type="checkbox"/>	_____
Injury reporting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hazard reporting	<input type="checkbox"/>	<input type="checkbox"/>	_____
OH&S Act and Regulations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal H&S responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	_____

15. FIRST AID REQUIREMENTS

	OK	NOT OK	ACTION TAKEN
Adequate number of qualified first aiders on jobsite	<input type="checkbox"/>	<input type="checkbox"/>	_____
First aid kits: Adequate number	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate contents	<input type="checkbox"/>	<input type="checkbox"/>	_____

16. CRANES, HOISTS, ETC.

	OK	NOT OK	ACTION TAKEN
Safe setup of equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintenance log available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Competent operator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Condition of slings, hardware	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety catches on all hooks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper use of tag lines	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper lifting containers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Competent signaller	<input type="checkbox"/>	<input type="checkbox"/>	_____

17. WELDING

	OK	NOT OK	ACTION TAKEN
Rods & cylinders properly labelled	<input type="checkbox"/>	<input type="checkbox"/>	_____
MSDSs readily available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly secured ground cables	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper eye protection worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper screens and exhaust	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas cylinders upright and secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire extinguisher readily available	<input type="checkbox"/>	<input type="checkbox"/>	_____

18. ELEVATING WORK PLATFORM

	OK	NOT OK	ACTION TAKEN
Worker training	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acceptable loading	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manufacturer's operating manual	<input type="checkbox"/>	<input type="checkbox"/>	_____

19. TRAFFIC CONTROL

	OK	NOT OK	ACTION TAKEN
Trained traffic controllers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean, regulation sign	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly dressed (including vest)	<input type="checkbox"/>	<input type="checkbox"/>	_____

20. TEMPORARY POWER SUPPLY

	OK	NOT OK	ACTION TAKEN
Properly identified	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overhead lines flagged & secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surface cables buried or protected	<input type="checkbox"/>	<input type="checkbox"/>	_____

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21. SIGNS & PRINT MATERIAL	OK	NOT OK	ACTION TAKEN
OH&S Act and Regulations	<input type="checkbox"/>	<input type="checkbox"/>	_____
WSIB Form 82 poster	<input type="checkbox"/>	<input type="checkbox"/>	_____
MSDSs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Warning signs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency phone list	<input type="checkbox"/>	<input type="checkbox"/>	_____
Report forms	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. MATERIALS STORAGE	OK	NOT OK	ACTION TAKEN
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safely piled, stacked, bundled	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly moved or lifted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly labelled (WHMIS)	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. TRENCHES & EXCAVATIONS	OK	NOT OK	ACTION TAKEN
Properly sloped, where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Excavated soil properly placed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriate shoring used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper access to trench	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper storage of materials in and above trench	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. CONFINED SPACES	OK	NOT OK	ACTION TAKEN
Proper access	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air testing before entry	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rescue equipment readily available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety harness, lifeline properly anchored and used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Second person for rescue	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outgoing air monitored	<input type="checkbox"/>	<input type="checkbox"/>	_____
Entry permit where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. SUSPENDED SCAFFOLDS	OK	NOT OK	ACTION TAKEN
Properly attached and capable of at least 4 times maximum load	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outrigger beam tied to fixed support with adequate counterweight	<input type="checkbox"/>	<input type="checkbox"/>	_____
All mechanical/electrical devices in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Independent lifelines for each worker (extend to ground)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Engineer's drawing on site if req'd.	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. FORMWORK	OK	NOT OK	ACTION TAKEN
Guardrails and fall-arrest system	<input type="checkbox"/>	<input type="checkbox"/>	_____
Design drawings kept on project	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inspection statement by engineer or competent worker	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. HYGIENE	OK	NOT OK	ACTION TAKEN
Cleanliness of facilities	<input type="checkbox"/>	<input type="checkbox"/>	_____