Site Inspection Form

Jobsite Name_____

Area or Lot #	Stage of Construction	# of workers	Signs Erected	Basic PPE	Specific Hazards: Guard-rails	Floor-covers	Harness worn	GFCI Power	Cords / Hoses	Site Clean	Building Clean	Material Storage	Inside Stairs	Ramps/Stairs	Access Path	Excavations	Reverse Trucks	Ladders	Fire Extinguishers	Cylinders Secured	Scaffolds	Additional Comments

Total # of Workers ☐

# of toilet stalls ☐

Toilet facilities Clean & Stocked ☐

Wash Up Facilities ☐

Name & Title of Competant Worker Performing Inspection_____ Date_____

Workers Signature _____

Supervisor In Charge of Site (Print) _____ Date_____

Supervisors Signature _____

Stage of Construction;

S = Site Services
E = Excavation & Foundation
F = Framing/Block walls
M & E = Mech & Elect
D = Insulation & Drywall
Fin = Finishes

Hazard Evaluation

√ or Ok = Good
X = Inadequate
D = Damaged Need Repairs
/ = Not applicable
Circle any item not acceptable

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