
Company Name

Work Site Safety Inspection Checklist

<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly				
Department	Worker in Charge	Immediate Supervisor	Date Inspected	Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Location	Contractor	Type of Operation		Crew Size
Inspected By:				

Priority Index: 1. Imminent Danger 2. Serious 3. Minor 4. Acceptable 5. Not Applicable (N/A)

Priority	INSPECTED ITEMS	Priority	INSPECTED ITEMS	Priority	INSPECTED ITEMS
	Hazard Assessment Procedure		Fire Extinguishers		Confined Space Entry
	Code of Practice/Procedures		Smoking in Restricted Areas		Fall Protection
	Protection of Public		First Aid Kits/First Aid		Safety Promotion/Education
	Excavation Procedures		Lockouts/Energy Control		Vehicle/Equip Operator Cert.
	Occ. Health & Safety Regs.		Handling of Pipe		Vehicle/Equipment Condition
	Traffic Control, Flashers, Barricades		Improper Lifting, Manual/Mechanical		Air Receivers & Compressors
	Hard Hat, Safety Footwear		Cables, Ropes & Chains		Circle Check
	Other PPE i.e., Traffic Vests, Safety Glasses, Hearing Prot.		Tools - Use, Storage & Maintenance		Gas Cylinders, Hoses & Regulators
	Fire Retardant Coveralls		Electrical Wiring & Guards		Trans. of Dangerous Goods Act
	Non-Synthetic Clothing		Materials Storage & Handling		Log Books
	Grounding/Bonding Device		Waste Disposal/Housekeeping		WHMIS

Corrective Actions

* Priority #	Description	Corrective Action	
		By Whom	Date/Time
Signature of Worker in Charge		Date:	
Comments:			