

Construction Safety Inspection Checklist

Inspection Date: _____ Location: _____

Project Contact Person: _____ Inspector's Name: _____

INDICATE EITHER: S = SATISFACTORY/YES U = UNSATISFACTORY/NO N/A = NOT APPLICABLE

NOTE: A check in the box to the right of the heading indicates the entire category was satisfactory

PERSONAL PROTECTIVE EQUIPMENT	HAZ COM
Safety glasses and/or goggles available & being used?	MSDS openly available to all employees?
Face shield available for bulk liquid tasks? Grinding?	Flammable liquids are in approved safety cans?
Hand protection used/worn as required?	Flammable liquids storage containers labeled properly?
Foot protection worn as required?	All hazardous containers labeled appropriately?
Hearing protection worn where required?	Supplies on hand for hazardous material spills?
Hard hats worn on construction site?	LADDER/STAIR SAFETY
Respirators if required? Type?	Ladders are safe and inspected as appropriate?
Fall protection, full body harness & lanyard used at > 6 ft?	Stair rails - for 30" change in elevation or 4 risers?
ELECTRICAL SAFETY	Stairs or ladder provided for access points > 19" high?
GFCI's used for all portable electrical hand tools?	Extension & straight ladders extend 3' beyond landing?
Electrical panels are labeled appropriately?	Stepladders are only used in open position?
Light bulbs for illumination protected from breakage?	CONFINED SPACE
LO/TO is being used for appropriate tasks?	Permit completed for entry?
Strain relief integrity for cords and plugs intact?	Rescue / retrieval equipment available on site?
Extension cords 3-wire marked S, ST, SO, STO, SJ, SJO, SJT, SJTO?	Air monitoring equipment calibrated?
Electrical cords inspected & have all prongs intact?	Training in hazards, precautions, PPE and rescue documented?
Portable generators are grounded per NEC requirements?	MATERIAL HANDLING
Electrical power tools are double insulated or grounded?	Chain slings tagged and inspected within last 12 months
Oxygen/acetylene torch units have flash back arrestors?	Crane used? Annual certification and load charts available?
Compressed gas cylinders not in use have caps in place?	Hooks used for hoisting have safety latch in place?

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COMPRESSED GASSES	Wire rope slings free of kinks and broken wires?
Compressed gas cylinders stored secured & upright?	Synthetic slings free of damage to webbing or stitching?
EXCAVATION	EMERGENCY/FIRST AID
Competent Person for excavation work designated and on site?	Emergency phone numbers posted and/or available to all workers?
Excavation-ladders if > 4ft deep? Extend 3 ft? 50 ft apart?	Emergency eyewash and/or shower units accessible?
Excavation – protection from cave-ins for > 5 ft?	First aid kit available at work site?
Sloping and/or benching appropriate for class of soil?	Fire extinguishers readily available (not blocked)?
Daily inspection of sloping and/or shoring documented?	Fire extinguishers inspected
Tabulated available for shoring and/or trench boxes?	CPR & First Aid trained person on site?
HAND TOOLS/POWER TOOLS	Exits marked? Not blocked?
Grinders (portable & stationary) have guards in place?	GENERAL SAFETY
Impact style air tools have safety clips/retainers installed?	General housekeeping is neat and orderly?
Pneumatic power tools have hoses secured?	Wall openings & floor holes are covered or guarded?
Portable circular saws equipped with protective guards?	Rebar caps used for protruding bars?
Unsafe hand tools are prohibited?	Concrete work? Silica dust training documented for all? Respirators?
Impact tools, hammers kept free of splinters/mushrooms?	Scaffolding—guardrails and access ladders or stairs – used?
OTHER	Competent person for scaffolding and fall protection on site?
Traffic control in compliance with MUTCD Part VI or contract?	Scaffold design by qualified person?
Workers wearing high-visibility garments?	Illumination adequate in all work areas?
Tool-box talks conducted and documented?	
Signs/signals/barricades in place?	
Training conducted and documented?	
Health and Safety Plan available and reviewed with workers?	
Lasers in use? Warning sign posted?	

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CORRECTIVE ACTION PLAN

For all items marked as "U," list the item, person responsible, and expected completion date.

ACTION ITEM	PERSON RESPONSIBLE	DATE DUE	DATE VERIFIED*	Verified by**

OTHER OBSERVATIONS NOT RECORDED ABOVE

OBSERVABLE ITEM	REF.	PERSON RESPONSIBLE	DATE DUE	DATE VERIFIED*	Verified by**

* Date Observation/Corrective Action was verified as completed.

** Initials of the individual verifying the Observation/Corrective Action was verified as completed.

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Reference columns should contain the OSHA regulation, DOT Contract Area or other standard or regulation being cited.

NO VIOLATIONS NOTED DURING THIS INSPECTION



Signature of Inspector:

Date

Signature of Manager (any report with unsatisfactory items)

Date

Copy of inspection sheets to:

- ▶ Safety/HR Manager (All reports)
- ▶ Safety Coordinator (All reports)
- ▶ Project Manager (reports which contain any unsatisfactory item)
- ▶ Owner #1 (reports which contain any unsatisfactory item)
- ▶ Owner #2 (reports which contain any unsatisfactory item)