



## Daily Construction Site Inspection Sheet

Job Site Address:	Date:
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### 1. Site Safety Representative

Site Supervisor: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer
Site Supervisor Name:

### 2. Safety Plans/Programs

	Yes	No	NA		Yes	No	NA
AED and First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>		Fall rescue plan present	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>		Emergency action plan ( <i>including #'s posted</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
PPE reminders posted	<input type="checkbox"/>	<input type="checkbox"/>		Procedures for inclement weather	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:							

### 3. Manpower

	Yes	No
• Workers receive daily safety orientation (in written format and signed by all)	<input type="checkbox"/>	<input type="checkbox"/>
• Waivers obtained from volunteers	<input type="checkbox"/>	<input type="checkbox"/>
• Signed Safety Summary from volunteers	<input type="checkbox"/>	<input type="checkbox"/>
• First aid responders and kit ( <i>including bloodborne pathogen materials</i> ) available within 6 minutes	<input type="checkbox"/>	<input type="checkbox"/>
• Subcontractor present and certificates of insurance received?	<input type="checkbox"/>	<input type="checkbox"/>
Method(s) of pre-work screening of volunteers (if power tools, ladders, or PFAS utilized)		

### 4. Fall Prevention

	Yes	No	NA		Yes	No	NA
<b>Not Necessary for Work Activities at time of Inspection (<i>Comments Required</i>)</b>							
Potential slip/trip hazards identified/controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs w/4 risers or 30" equipped with railing system and no deviations > 1.4"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors well maintained, kept clear	<input type="checkbox"/>	<input type="checkbox"/>		Guardrail system 39-45" high; 200 lb capacity; no splinters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window/door openings are protected (6' fall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toeboards installed where objects could fall or as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slab/porch foundation step <19"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Porch sides are protected (6' fall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							

### 5. Roofs/Open-sided Second Floors (>6' height)

	Yes	No	NA		Yes	No	NA
<b>Not Necessary for Work Activities at time of Inspection (<i>Comments Required</i>)</b>							
Material storage: 10' from edges and openings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal fall arrest systems present and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor openings protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall protection competent person onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofs >4/12 pitch requires use of toeboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No standing on top plate when setting roof truss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							

### 6. Scaffolding (if left standing from previous day's work)

	Yes	No	NA		Yes	No	NA
<b>Not Necessary for Work Activities at time of Inspection (<i>Comments Required</i>)</b>							
Proper access provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrails and midrails provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stable/level surface; secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toeboards provided where needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross bracing in place; pins locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking/working surfaces are at least 18" wide, fully decked, and secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loading within limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Components in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>3' from power lines if 300 volts are less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold competent person onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							

7. Ladders	Yes	No	NA		Yes	No	NA
<b>Not Necessary for Work Activities at time of Inspection (Comments Required)</b>							
Rungs, braces, feet in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tied off; rails extended 3" above exit point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardware is tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Angle <4:1 ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not used in hazardous locations (e.g. doorways)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placed on stable/level footing; secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepladders fully opened/locked when used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-point contact when ascending/descending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							

8. Personal Protective Equipment	Yes	No	NA		Yes	No	NA
Hard hats where hazard dictates; worn properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ANSI Z87.1 rated safety glasses/face shield where hazard dictates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing protection where hazard dictates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respirators where hazard dictates ( <i>dusts</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							

9. Electrical Safety	Yes	No	NA		Yes	No	NA
Outside power supply marked and locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical competent person onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead lines shrouded or de-energized when working near lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords in good condition ( <i>insulation, ground pins</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live 220 volt lines >3' from workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords have strain-relief ( <i>not hung by nails or metal fasteners</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI protection with temporary wiring and in wet/potentially wet areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords protected from damage ( <i>e.g., cuts, vehicles, foot traffic, pinch points, water</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside power have covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords not arranged to present tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							

10. Tools	Yes	No	NA		Yes	No	NA
Well-maintained; in good condition ( <i>incl cords</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Powder actuated tools used by qualified people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guards in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumatic guns used by qualified people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							

11. General Site Controls	Yes	No	NA		Yes	No	NA
Lumber free of nails or bent over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate port-o-lets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impalement hazards identified and addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Port-o-lets in sanitary condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poison plants located and marked/removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accumulation of trash/debris controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							

12. Recommendations
Summary: