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Weekly Site Safety Inspection Checklist

Project / Site Name:

Supervisor / Foreman at time of this inspection

Select site weather conditions at time of this inspection (select all that apply)

- Clear Sky Raining Hazy OTHER
 Cloud Windy Snow / Hail

Minimum temperature today?

Maximum temperature today?

Current activities being undertaken on site (select all that apply)

- General Reinforce Steel Roofing Underground Work
 Abatement Steel Erection Drywall Stair Installation
 Demolition Mechanical Painting Cleanup
 Pile Driving Electrical Site work OTHER
 Formwork Plumbing Excavation

Site Safety Inspection			
First Aid Facilities			
Are first aid facilities to be inspected in this audit?	Yes	No	N/A
Fire Prevention & Emergency			
Are fire and emergency procedures to be inspected in this audit?	Yes	No	N/A
Site Security			
Is site security to be inspected in this audit?	Yes	No	N/A
Personal Protective Equipment (PPE)			
Is Personal Protective Equipment to be inspected in this audit?	Yes	No	N/A
Housekeeping			
Is site housekeeping to be inspected in this audit?	Yes	No	N/A
Work benches and areas to be inspected in this audit?	Yes	No	N/A
Site storage to be inspected in this audit?	Yes	No	N/A
Waste and rubbish to be inspected in this audit?	Yes	No	N/A

Trip and Fall Safety			
Trip and fall safety to be inspected in this audit?	Yes	No	N/A

Scaffolding			
Scaffolds to be inspected in this audit	Yes	No	N/A

Hazardous Manual Tasks			
Hazardous Manual Tasks to be inspected in this audit?	Yes	No	N/A

Hand and Power Tools			
Hand and power tools to be inspected in this audit?	Yes	No	N/A

General Machinery, Plants and Equipment			
General Machinery, Plants and Equipment to be inspected in this audit?	Yes	No	N/A

Ladders			
Ladders to be inspected in this audit?	Yes	No	N/A

Electrical Safety			
Electrical safety to be inspected this audit?	Yes	No	N/A

Chemical Safety			
Chemical safety to be inspected this audit?	Yes	No	N/A

Confined Spaces			
Confined spaces safety to be inspected this audit?	Yes	No	N/A

Incident, Injury & Accident Procedures			
Incident, Injury & Accident Procedures to be inspected this audit?	Yes	No	N/A

General Comments

Any further comments or recommendations arising from this inspection?

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Add any additional relevant photos	Attach photos		
Have all required corrective actions been added as Actions to this inspection?	Yes	No	N/A

Please add any corrective actions to the appropriate questions above before completing this report

Name & Signature of Inspector: _____

Name & Signature of Site Supervisor / Foreman: _____

Please note that this checklist is a hypothetical example and provides basic information only. It is not intended to take the place of, among other things, workplace, health and safety advice; medical advice, diagnosis, or treatment; or other applicable laws. You should also seek your own professional advice to determine if the use of such checklist is permissible in your workplace or jurisdiction.