



Site/Facility Inspection Checklist

Date & Time:

Inspector(s):

Job Number:

Job Description:

****	Item	Comments/Who is Responsible
	House Keeping	
	Personal Protective Equipment	
	Traffic Control	
	Emergency Procedures & Equipment	
	Mechanized/Motorized Equipment and Vehicles	
	Fixed hazards, Equipment, Tools, & Electrical	
	Fall Protection	
	Trenches and Excavations	
	Environmental	
	Behavioral Observations	
	At Risk Conditions Observed	
Further Comments		

****Click on the symbol within the boxes to learn more about each item.

Completion Date to Correct All Items:

Inspector's Signature: