



## Daily Site Safety Inspection Checklist

Start-of-shift construction site safety sweep: housekeeping, PPE, fire, plant, environment, and stop-work decisions.

SITE NAME

AREA / ZONE

INSPECTOR NAME

POSITION

DATE

Shift

☐ Day

☐ Night

☐ Weekend

☐ Other

WEATHER

Overall site condition on arrival

☐ Good

☐ Fair

☐ Poor

### 1. Housekeeping

Work areas clean and tidy

☐ Pass

☐ Fail

☐ N/A

Walkways / corridors free from obstruction

☐ Pass

☐ Fail

☐ N/A

Waste disposed correctly

☐ Pass

☐ Fail

☐ N/A

Spillages cleaned immediately

☐ Pass

☐ Fail

☐ N/A

Materials stored safely

☐ Pass

☐ Fail

☐ N/A

HOUSEKEEPING COMMENTS

### 2. PPE compliance

Workers wearing required PPE for tasks observed

☐ Yes

☐ No

☐ N/A

Helmet condition (sample)

☐ Good

☐ Fair

☐ Poor

☐ N/A

Hi-vis worn where required

☐ Yes

☐ No

☐ N/A

Safety footwear worn

☐ Yes

☐ No

☐ N/A

Eye / hand / hearing protection used where needed

☐ Yes

☐ No

☐ N/A

PPE OBSERVATIONS

### 3. Fire & emergency readiness

Extinguishers accessible and in date

☐ Pass

☐ Fail

☐ N/A

Emergency exits marked and clear

☐ Pass

☐ Fail

☐ N/A

Alarm call points visible / accessible

☐ Pass

☐ Fail

☐ N/A

Evacuation routes / assembly info displayed

☐ Pass

☐ Fail

☐ N/A

First aid arrangements confirmed for shift

☐ Yes ☐ No ☐ N/A

#### 4. Plant, tools & work environment

Machinery / tools in safe condition with guards

☐ Pass ☐ Fail ☐ N/A

Operators trained / authorised for equipment in use

☐ Yes ☐ No ☐ N/A

Defective equipment removed from service

☐ Yes ☐ No ☐ N/A

Lighting adequate for tasks

☐ Pass ☐ Fail ☐ N/A

Noise / dust / ventilation controls adequate

☐ Pass ☐ Fail ☐ N/A

Hazardous substances stored correctly

☐ Pass ☐ Fail ☐ N/A

GENERAL OBSERVATIONS / TOOLBOX TALK TOPICS FOR TODAY

Stop-work issued?

☐ No ☐ Yes – see actions

#### Corrective / follow-up actions

| FINDING / ACTION REQUIRED | OWNER | PRIORITY | DUE DATE | STATUS |
|---------------------------|-------|----------|----------|--------|
|                           |       |          |          |        |
|                           |       |          |          |        |
|                           |       |          |          |        |
|                           |       |          |          |        |

#### Sign-off

COMPLETED BY

DATE / TIME

SIGNATURE

REVIEWED / APPROVED BY