

JOB SITE SAFETY INSPECTION CHECKLIST

To be filled out daily by the Supervisor

Week of: _____ Department: _____
 Supervisor: _____



Checkmark indicates "in order."



X indicates a problem; a hazard report must be completed

Item	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Is equipment responsible for is in safe working condition?							
All guards on equipment?							
Are housekeeping standards acceptable?							
Spills and leaks cleaned up or not present?							
Pre-use inspections performed?							
Are emergency doors accessible?							
Are environmental conditions safe to work?							
Are workers fit for duty?							
Protective equipment available and in good condition and being worn?							
Materials stored properly?							
Pre-Job Briefing required?							
Are staff working in a safe manner? Are they following proper work procedures?							
Is equipment secured at the end of the day?							
Are materials secured as required at the end of the day?							
Has the staff been informed of any potential hazards of which you are aware?							
Is emergency equipment available?							
Employee Contacts							
Concerns identified							
Follow-up required							
NOTES:							



- Chief Prevention Officer**
Accredited Training Provider
- TSSA**
Accredited Training Provider

