

Site Inspection Checklist

Site Inspection of: _____ Date of Inspection: _____

Prime Contractor: _____ Site Supervisor: _____

Part 1 – Activity and Site Conditions				
Activity at time of inspection:				
Equipment type and number:				
Number of workers on site:				
Upset conditions or changes from previous month's inspection?				
Part 2 – Hazards	Action needed	When	Who	Date Done
Roads				
Steep slope				
Congestion				
Part 3 – First Aid and Emergency Response	Action needed	When	Who	Date Done
<input type="checkbox"/> Site First Aid Assessment <ul style="list-style-type: none"> <input type="checkbox"/> First Aid Attendant(s) <input type="checkbox"/> First Aid Supplies & Equip <input type="checkbox"/> Transportation 				
<input type="checkbox"/> Fire tools & Equipment				
<input type="checkbox"/> Communications				

Part 4 – General	Action needed	When	Who	Date Done
<input type="checkbox"/> Signage <ul style="list-style-type: none"> <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Active Falling <input type="checkbox"/> Other 				
<input type="checkbox"/> PPE				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
Part 5 – Activity or Site Specific	Action needed	When	Who	Date Done

Note: For action items that could not be immediately corrected, the company may choose to transfer outstanding Action items to a Corrective Action Log (CAL).

Inspection Completed by: _____ (name and signature)