

WORKPLACE INSPECTION REPORT

Job Name _____ Job Number _____

Inspected By (Print Name): _____ Project #: _____ Site Address: _____ Date: _____ Time: _____

✘ = Hazard Present ✓ = Compliant ~~Strikethrough~~ = Not applicable on this site

#	General Site Conditions / PPE	#	Housekeeping / Materials	#	Equipment / Inspection	#	Emergency/Violence/Harassment
1.	<input type="checkbox"/> Completed safety board	14.	<input type="checkbox"/> Clear access to work & exits	27.	<input type="checkbox"/> Equipment inspected prior to use	40.	<input type="checkbox"/> Fire extinguisher in place/ inspected
2.	<input type="checkbox"/> Valid underground utilities locate	15.	<input type="checkbox"/> Free of slip, trip and fall hazards	28.	<input type="checkbox"/> Scaffolds properly erected & secured	41.	<input type="checkbox"/> Eyewash available/ inspected
3.	<input type="checkbox"/> Danger due to... signage	16.	<input type="checkbox"/> Fencing and hording in place	29.	<input type="checkbox"/> Ladders suitable for job (inspected)	42.	<input type="checkbox"/> Spill cleanup kit available
4.	<input type="checkbox"/> Head & foot protection signage	17.	<input type="checkbox"/> Adequate disposal containers	30.	<input type="checkbox"/> Ladders secured / correct angle	43.	<input type="checkbox"/> First aid kit stocked / available
5.	<input type="checkbox"/> Foot/eye/face protection worn	18.	<input type="checkbox"/> Materials properly stacked and stored	31.	<input type="checkbox"/> Hand tools inspected before use	44.	<input type="checkbox"/> Qualified first aider on site
6.	<input type="checkbox"/> Hearing protection worn	19.	<input type="checkbox"/> Equipment stored correctly	32.	<input type="checkbox"/> Cutting equipment inspected	45.	<input type="checkbox"/> Emergency exits
7.	<input type="checkbox"/> Respiratory protection worn	20.	<input type="checkbox"/> Hazardous materials stored correctly	33.	<input type="checkbox"/> Electrical cords inspected	46.	<input type="checkbox"/> Washroom (temporary, cleanliness)
8.	<input type="checkbox"/> Gloves/protective clothing worn	21.	<input type="checkbox"/> Compressed gas use and storage	34.	<input type="checkbox"/> PPE suitable for job (inspected)	47.	<input type="checkbox"/> Reports of Violence or Harassment
9.	<input type="checkbox"/> Stairs/ ramps secure	22.	<input type="checkbox"/> Gas fired heating (temporary)	35.	<input type="checkbox"/> Tools suitable for job	48.	<input type="checkbox"/> Adequate lighting (traffic & work area)
10.	<input type="checkbox"/> Guardrails adequate & in place	23.	<input type="checkbox"/> Temporary power supply	36.	<input type="checkbox"/> Valid trade licenses & certificates	49.	<input type="checkbox"/> Workers to work alone or after hours?
11.	<input type="checkbox"/> Fall protection harness/equipment	24.	<input type="checkbox"/> Adequate ventilation	37.	<input type="checkbox"/> Lockout & tag out procedures	50.	<input type="checkbox"/> Communication system in place
12.	<input type="checkbox"/> Environmental weather concerns	25.	<input type="checkbox"/> Material safety data sheets	38.	<input type="checkbox"/> Hot work permit	51.	<input type="checkbox"/> Contact with public or clients
13.	<input type="checkbox"/> Other	26.	<input type="checkbox"/> Other	39.	<input type="checkbox"/> Other	52.	<input type="checkbox"/> Other

A = High likelihood of personal injury or damage to facility **B** = Moderate likelihood of personal injury or damage to facility **C** = Low likelihood of personal injury or damage to facility

Item #	Details of Hazards Observed (act/condition) and/or (equipment/machinery/tool) and/or (electrical/mechanical/physical/chemical)	A B C Hazard level	Corrective Measures to be taken / suggested	Action by	Repeat warning Y / N	Date Resolved
	<i>who</i>					
	<i>what</i>					
	<i>where</i>					
	<i>when</i>					
	<i>why</i>					

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