

# SAMPLE SAFETY INSPECTION CHECKLIST

This sample checklist can help guide you through safety inspections, and is available at [dewalt.com/guides](http://dewalt.com/guides).

## SAFETY INSPECTION CHECKLIST

This checklist can be used as a starting point. Some construction companies will not need a safety inspection checklist as comprehensive. Feel free to customize this checklist to fit your needs.

Company Name \_\_\_\_\_

Jobsite Name \_\_\_\_\_

Jobsite Location \_\_\_\_\_

Date/Time \_\_\_\_\_

Superintendent \_\_\_\_\_

Inspector \_\_\_\_\_

Current Weather Conditions \_\_\_\_\_

| <b>General</b>                                  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
|---|------------|-----------|------------|-----------------------|
| Posters and safety signs/warnings?              |            |           |            |                       |
| Safety meetings held periodically?              |            |           |            |                       |
| First-aid kit available and adequately stocked? |            |           |            |                       |
| Job-related safety training completed?          |            |           |            |                       |
| Accident reporting procedure established?       |            |           |            |                       |
| Substance abuse policy in place?                |            |           |            |                       |
| Injury records being kept?                      |            |           |            |                       |
| Emergency telephone numbers posted?             |            |           |            |                       |
| Hospital directions posted?                     |            |           |            |                       |

| <b>Housekeeping and Sanitation</b>                                  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
|---|------------|-----------|------------|-----------------------|
| General housekeeping of work area(s)?                               |            |           |            |                       |
| Containers to handle normal waste?                                  |            |           |            |                       |
| Procedures to handle hazardous waste?                               |            |           |            |                       |
| Passageways and walkways clear?                                     |            |           |            |                       |
| Adequate lighting?  |            |           |            |                       |
| Waste containers provided and used?                                 |            |           |            |                       |
| Portable toilets adequate and clean?                                |            |           |            |                       |
| Adequate drinking water supply and cups?                            |            |           |            |                       |
| Nails, boards, debris removed and stacked neatly?                   |            |           |            |                       |
| Eyewash facilities available?                                       |            |           |            |                       |
| <b>Hazard Communication</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Written program on-site?  |            |           |            |                       |
| Employees trained?  |            |           |            |                       |
| MSDSs on file and available?  |            |           |            |                       |
| Material properly stored and labeled?                               |            |           |            |                       |
| Chemical inventory list on site and available?                      |            |           |            |                       |
| Labels legible?   |            |           |            |                       |
| <b>Fire Prevention</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Adequate number and type of fire extinguisher(s) available?         |            |           |            |                       |
| Fire prevention/extinguisher training accomplished?                 |            |           |            |                       |
| Fire extinguisher inspections accomplished (monthly/periodically)?  |            |           |            |                       |
| Phone number of fire department posted?                             |            |           |            |                       |
| Fire extinguisher(s) provided on appropriate equipment?             |            |           |            |                       |
| Are flammable liquids in approved containers and correctly labeled? |            |           |            |                       |
| Are flammable liquids properly stored?                              |            |           |            |                       |
| Fire alarm available/fire evacuation plan established?              |            |           |            |                       |
| Fuel supplies protected from accidental impact?                     |            |           |            |                       |
| Fire training given to appropriate personnel?                       |            |           |            |                       |
| Is equipment shut down prior to refueling?                          |            |           |            |                       |
| Is equipment properly grounded to fuel trucks before refueling?     |            |           |            |                       |
| "No smoking" signs posted and enforced?                             |            |           |            |                       |
| Hydrants clear, access to public thoroughfare open?                 |            |           |            |                       |
| <b>Flammable Liquids/Materials</b>                                  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Empty containers removed?   |            |           |            |                       |
| Only approved containers being used?                                |            |           |            |                       |
| Containers stored in approved and appropriate area(s)?              |            |           |            |                       |

|  |            |           |            |                       |
|--|------------|-----------|------------|-----------------------|
| Outside storage has secondary containment?                             |            |           |            |                       |
| Storage tanks properly grounded, bonded, and pressure relief provided? |            |           |            |                       |
| Cylinders stored/secured in upright position?                          |            |           |            |                       |
| <b>Electrical Safety</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Electrical devices have current inspection and coding?                 |            |           |            |                       |
| Electrical equipment properly maintained?                              |            |           |            |                       |
| Equipment properly grounded?   |            |           |            |                       |
| Assured equipment grounding program established?                       |            |           |            |                       |
| GFCI used and tested where required?                                   |            |           |            |                       |
| Electrical dangers posted?   |            |           |            |                       |
| Are breaker boxes equipped with required covers?                       |            |           |            |                       |
| Are circuits labeled in breaker boxes?                                 |            |           |            |                       |
| <b>Personal Protective Equipment</b>                                   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Employees issued PPE where needed?                                     |            |           |            |                       |
| Is PPE being used?   |            |           |            |                       |
| Employees trained in the use of PPE?                                   |            |           |            |                       |
| Adequate fall protection provided?                                     |            |           |            |                       |
| Eye protection/Face protection?  |            |           |            |                       |
| Hearing protection?  |            |           |            |                       |
| Respirators and masks?   |            |           |            |                       |
| Head protection?   |            |           |            |                       |
| Hand and foot protection?  |            |           |            |                       |
| <b>Hand and Power Tools</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Proper tool used for the job?  |            |           |            |                       |
| Handles free of cracks and attached to tool properly?                  |            |           |            |                       |
| Inspections and proper maintenance accomplished prior to use?          |            |           |            |                       |
| Tools neatly stored, safely carried?                                   |            |           |            |                       |
| Good housekeeping where tools are used?                                |            |           |            |                       |
| Tools grounded properly or double insulated?                           |            |           |            |                       |
| Guards in place and used correctly?                                    |            |           |            |                       |
| Damaged or malfunctioning tools tagged out until repaired or replaced? |            |           |            |                       |
| Tools protected from unauthorized use?                                 |            |           |            |                       |
| Competent instruction and supervision?                                 |            |           |            |                       |
| Cords included in electrical inspection?                               |            |           |            |                       |
| <b>Ladder Safety</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Ladders inspected and in good condition?                               |            |           |            |                       |
| Ladders used properly for type of exposure?                            |            |           |            |                       |

|  |            |           |            |                       |
|--|------------|-----------|------------|-----------------------|
| Ladders secured to prevent slipping, sliding, or falling?                        |            |           |            |                       |
| Do side rails extend 36" above top of landing?                                   |            |           |            |                       |
| Are ladders spliced?   |            |           |            |                       |
| Rungs or cleats not over 12" on center?  |            |           |            |                       |
| Proper maintenance and storage?  |            |           |            |                       |
| Are ladders painted?   |            |           |            |                       |
| Do fixed ladders in excess of 20' have fall protection?                          |            |           |            |                       |
| Are ladders of sufficient strength for the task?                                 |            |           |            |                       |
| <b>Scaffolding Safety</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Scaffold erection properly supervised?   |            |           |            |                       |
| All structural members free from defects and meet safety factor?                 |            |           |            |                       |
| Are all connections secure?  |            |           |            |                       |
| Are scaffolds erected on solid footing?  |            |           |            |                       |
| Is scaffold tied to structure?   |            |           |            |                       |
| Are working areas free of dirt, debris, snow, ice, grease, etc.?                 |            |           |            |                       |
| Are workers protected from falling objects?                                      |            |           |            |                       |
| Is scaffold plumb and square, with cross-bracing?                                |            |           |            |                       |
| Are guardrails, midrails, and toe boards in place?                               |            |           |            |                       |
| Fall protection available and in use?  |            |           |            |                       |
| <b>Excavations and Trenches</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Are holes, trenches, and cuts over 5' deep shored, sloped, or trench boxes used? |            |           |            |                       |
| Operation supervised by competent person?  |            |           |            |                       |
| Spoil banks at least 2' from edges of cut?                                       |            |           |            |                       |
| Ladders placed to ensure no greater than 25' of lateral travel by worker?        |            |           |            |                       |
| Ladder properly secured?   |            |           |            |                       |
| Are adjacent structures properly shored?   |            |           |            |                       |
| Is shoring and sheathing correct for soil and depth?                             |            |           |            |                       |
| Are roads and sidewalks supported and protected?                                 |            |           |            |                       |
| Excavation barricaded and lighting provided?                                     |            |           |            |                       |
| Are equipment ramps adequate?  |            |           |            |                       |
| Have underground utility installations been identified?                          |            |           |            |                       |
| Registered professional engineer design/approval accomplished?                   |            |           |            |                       |
| Confined-space entry-permit-required plan established?                           |            |           |            |                       |
| Are daily inspections completed by a competent person?                           |            |           |            |                       |
| <b>Cranes and Derricks</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Are annual inspections completed?  |            |           |            |                       |
| Are operators certified and physical exams current?                              |            |           |            |                       |

|   |            |           |            |                       |
|---|------------|-----------|------------|-----------------------|
| Are daily inspections completed by operators?   |            |           |            |                       |
| Outriggers used?  |            |           |            |                       |
| Power lines deactivated, removed, or warning signs posted warning of at least 10' clearance from overhead power lines (voltages 50,000 volts or below)? |            |           |            |                       |
| Proper loading for capacity at lifting radius?  |            |           |            |                       |
| Operation in accordance with manufacturer's instruction?  |            |           |            |                       |
| Competent person inspecting crane?  |            |           |            |                       |
| Equipment properly lubricated and maintained?   |            |           |            |                       |
| Load testing accomplished?  |            |           |            |                       |
| Signal person qualified and used where needed?  |            |           |            |                       |
| Riggers qualified?  |            |           |            |                       |
| <b>Heavy Equipment</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Regular inspection and maintenance?   |            |           |            |                       |
| Seat belts provided and used in equipment with ROPS?  |            |           |            |                       |
| Backup alarms working and audible?  |            |           |            |                       |
| Slow-moving-vehicle emblem attached to rear of equipment operating at less than 25 mph?   |            |           |            |                       |
| No employees riding equipment without proper seating?   |            |           |            |                       |
| Lights, brakes, warning signals operative?  |            |           |            |                       |
| Wheels chocked when necessary?  |            |           |            |                       |
| Haul roads well maintained and laid out properly?   |            |           |            |                       |
| Equipment properly secured when not in use?   |            |           |            |                       |
| <b>Motor Vehicles</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Regular inspection and maintenance?   |            |           |            |                       |
| Qualified operators?  |            |           |            |                       |
| Local and state laws observed?  |            |           |            |                       |
| Brakes, lights, warning devices operative?  |            |           |            |                       |
| Weight limits and load stress controlled?   |            |           |            |                       |
| Personnel carried in correct manner?  |            |           |            |                       |
| All glass in good condition?  |            |           |            |                       |
| Backup signals provided?  |            |           |            |                       |
| Fire extinguisher(s) installed?   |            |           |            |                       |
| Seat belts worn?  |            |           |            |                       |
| Tie-down straps or chains inspected?  |            |           |            |                       |
| Are all vehicles checked at the beginning of each shift?  |            |           |            |                       |
| <b>Welding and Cutting</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Are operators qualified?  |            |           |            |                       |
| Screens and shields in place?   |            |           |            |                       |
| Are oxygen and acetylene stored properly?   |            |           |            |                       |
| Are bottles not in use secured with caps in place?  |            |           |            |                       |

|  |            |           |            |                       |
|--|------------|-----------|------------|-----------------------|
| Proper eye protection and PPE used?                                    |            |           |            |                       |
| Fire extinguisher located near operations?                             |            |           |            |                       |
| “Hot work” permit completed and posted in areas requiring such permit? |            |           |            |                       |
| Are valves shut off and regulators backed off each night?              |            |           |            |                       |
| Flashback arresters placed on hoses (O <sub>2</sub> and fuel gas)?     |            |           |            |                       |
| Electrical equipment grounded?   |            |           |            |                       |
| Area inspected for fire hazards?                                       |            |           |            |                       |
| Gas lines and power cables protected and in good condition?            |            |           |            |                       |
| Proper ventilation?  |            |           |            |                       |
| <b>Steel Erection</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Safety nets or planked floors?   |            |           |            |                       |
| Hard hats, safety shoes, gloves, and other PPE used?                   |            |           |            |                       |
| Taglines for controlling loads?  |            |           |            |                       |
| Fire hazards covered and barricaded?                                   |            |           |            |                       |
| Floor openings covered and barricaded?                                 |            |           |            |                       |
| Hoisting apparatus checked?  |            |           |            |                       |
| Adequate fall protection?  |            |           |            |                       |
| <b>Concrete Construction</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Forms properly installed and braced?                                   |            |           |            |                       |
| Shoring adequate, plumbed, and cross-braced?                           |            |           |            |                       |
| Proper curing period and procedures used?                              |            |           |            |                       |
| Adequate PPE?  |            |           |            |                       |
| Caps on rebar?   |            |           |            |                       |
| Automatic shutoff on power-operated trowels?                           |            |           |            |                       |
| Nails and stripped form material removed from area?                    |            |           |            |                       |
| <b>Masonry Construction</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Proper scaffolding?  |            |           |            |                       |
| Masonry saws properly equipped, dust protection provided?              |            |           |            |                       |
| Safe hoisting equipment?   |            |           |            |                       |
| Are limited-access zones established as required?                      |            |           |            |                       |
| <b>Work Zone Safety</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Date Corrected</b> |
| Competent flagmen properly dressed, trained, and posted?               |            |           |            |                       |
| Adequate warning signs and markers?                                    |            |           |            |                       |
| Equipment not blocking right-of-way?                                   |            |           |            |                       |
| Traffic control through construction site?                             |            |           |            |                       |
| Adequate marking and maintenance of detours?                           |            |           |            |                       |
| Dust control used?   |            |           |            |                       |
| Adequate lighting?   |            |           |            |                       |
| Are barricades erected with correct directional stripes?               |            |           |            |                       |