



Job:

Date:

Address:

Inspector(s):

PERSONAL PROTECTIVE EQUIPMENT

EMERGENCY ITEMS

Safety glasses and/or goggle available and being used?	Emergency evacuation map posted near work area?
Protective eyewear use is specified in writing?	Emergency phone numbers posted and known by all?
Face shield available for bulk liquid tasks? Grinding?	Emergency eyewash and/or shower units accessible?
Hand protection used/worn as required?	First aid kit available at work site?
Foot protection worn as required?	First aid trained competent person available?
Hearing protection worn where required?	BBP kit available/BBP trained individual on site?
Hard hats worn when falling object hazard is present?	Fire extinguishers readily available (not blocked)?
Supplies on hand for incidental chemical spills?	Fire extinguishers inspected monthly/yearly as needed?

ELECTRICAL SAFETY ISSUES

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GFCIs used for all portable electrical hand tools?	Strain relief integrity for cords and plugs intact?
Extension cords rated for hard or extra usage? 2 wire ribbon cord is unacceptable for industrial usage?	For extension cords: hard usage cord includes 3 wire cords marked = S, ST, SO, STO, SJ, SJO, SJT and SJTO
Certified or listed equipment is used per manufacturer?	Electrical cords inspected and have all prongs intact?
Electrical panels are labeled appropriately?	Strain relief intact for all flexible cords and plug fittings?
Electrical panel knockouts are in place?	Portable generators are grounded per NEC requirements?
Light bulbs for illumination protected from breakage?	Electric power tools are double-insulated or grounded?

CONSTRUCTION SAFETY AND HEALTH ISSUES

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General housekeeping is neat and orderly?	Flammable liquids are in OSHA/FM metal safety cans?
MSDS openly available to all employees?	Flammable liquids storage containers labeled property?
Concrete work? Silica dust training documented for all?	Fire extinguishers readily available, accessible, inspected?
All hazardous containers labeled appropriately?	Impact style air tools have safety clips or retainers on them?
Lockout/tagout is being used for appropriate tasks?	Pneumatic power tools have hoses secured?
Hot work permits used for grinding, cutting, welding?	Compressed air used for cleaning limited to 30 psi?
Confined space entry work? Check training/permit/etc.	Compressed gas cylinders not in use have caps in place?

CONSTRUCTION SAFETY AND HEALTH ISSUES

CONSTRUCTION SAFETY AND HEALTH ISSUES

Compressed gas cylinders stored secured and upright?	Wall openings and floor holes are covered or guarded?
Oxygen/acetylene torch units have flash back arrestors?	100% fall protection in place above 6 feet in height?
Grinders (portable & stationary) have guards in place?	Employees operating lifts are trained on the equipment?
Stationary grinding wheel tool test is 1/8 inch or less?	Fall protect., full body harness and lanyard used all times?
Stationary grinding wheel tongue guard is ¼ inch or less?	Excavation? Ladders used > 4 feet deep? Extend 3 feet?
Grinders are inspected, ring tested and free of defects?	Excavation? Protection from cave-ins for > 5 feet deep?
Safety glasses and face shield used for grinding tasks?	Rebar caps used for protruding reinforced steel posts?

Construction Safety Checklist

CONSTRUCTION SAFETY AND HEALTH ISSUES

CONSTRUCTION SAFETY AND HEALTH ISSUES

Ladders are safe and inspected as appropriate?	Portable circular saws equipped with protective guards?
Stair rails = required at 30 feet change in elev. or 4 risers?	Unsafe hand tools are prohibited?
Stairs or ladders provided for access points > 19 feet high?	Impact tools, hammers kept free of splinters/mushrooms?
Extension/straight ladders extend 3 inches beyond landing?	Wire rope used for lifting? Deterioration is absent?
Stepladder or commercial stepstool used for high access?	Web slings used for lifting? Deterioration is absent?
Stepladders are only used in open positions?	Crane use? Written lift plan on file listing load capacities?
Scaffolding = guardrails used? Competent person on site?	Hooks used for lifting have safety latch in place?

IF ANY ITEMS NOT CHECKED OR MARKED "U" FOR "UNACCEPTABLE" OR "NO," LIST THE APPROPRIATE CORRECTIVE ACTION BELOW

CORRECTIVE ACTION PLAN

Action Plan	Person(s) Responsible	To Be Done By	Status

STATUS COLUMNS SHOULD BE MARKED AS "OPEN," "IN PROCESS" OR "CLOSED"

Signature of Lead Inspector: _____