

# Jobsite Inspection Checklist

Inspected by: \_\_\_\_\_

Company/Project: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Copies to: \_\_\_\_\_

Date: \_\_\_\_\_

1. SITE ACCESS	OK	Not OK	ACTION TAKEN
Clean, level ground	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate ramps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate stairs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate ladders	<input type="checkbox"/>	<input type="checkbox"/>	_____

2. PROTECTIVE EQUIPMENT	OK	Not OK	ACTION TAKEN
Hard hats worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Protective footwear worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fall protection worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin protection:	Worn <input type="checkbox"/>	<input type="checkbox"/>	_____
	Available <input type="checkbox"/>	<input type="checkbox"/>	_____
Eye & face protection:	Worn <input type="checkbox"/>	<input type="checkbox"/>	_____
	Available <input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing protection:	Worn <input type="checkbox"/>	<input type="checkbox"/>	_____
	Available <input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory protection:	Worn <input type="checkbox"/>	<input type="checkbox"/>	_____
	Available <input type="checkbox"/>	<input type="checkbox"/>	_____

3. GUARDRAILS, BARRICADES	OK	Not OK	ACTION TAKEN
Located where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly constructed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequately secured	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. LADDERS	OK	Not OK	ACTION TAKEN
Secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper angle (extension ladders)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper size and type	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper Handrail and landings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-slip bases	<input type="checkbox"/>	<input type="checkbox"/>	_____

5. FIRE PROTECTION	OK	Not OK	ACTION TAKEN
Extinguishers where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fully charged	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequately identified	<input type="checkbox"/>	<input type="checkbox"/>	_____
Master emergency plan	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>6. PUBLIC WAY PROTECTION</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Properly located (within 4.5 m)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Covered where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Min. height, width requirement	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper rail on street side	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper lighting, where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>7. HOUSEKEEPING</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Clear walkways	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clear work areas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clear access and landing	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>8. FALL PROTECTION</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
CSA approved	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unprotected openings and edges	<input type="checkbox"/>	<input type="checkbox"/>	_____
Working from:			
Ladders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scaffolds	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swingstages	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>9. STAIRWELLS &amp; RAMPS</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Proper filler blocks in metal stairs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper cleats on ramps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate lighting in stairwells	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper handrails or guardrails	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>10. SCAFFOLDS</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Properly erected (all parts used)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly planked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper guardrails, toeboards	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper access to platform	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acceptable loading	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>11. POWER TOOLS, EQUIPMENT</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
General condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper guards, cords, PPE	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tagging as DEFECTIVE	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>12. EXTENSION CORDS</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Outdoor-type, rated over 300 volts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Condition of casing, ends, connections	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>13. GAS CYLINDERS</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly moved or lifted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly hooked up	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>14. WORKER EDUCATION</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
WHMIS training	<input type="checkbox"/>	<input type="checkbox"/>	_____
Working at Heights training	<input type="checkbox"/>	<input type="checkbox"/>	_____
Company safety policy & program	<input type="checkbox"/>	<input type="checkbox"/>	_____
Injury and hazard reporting	<input type="checkbox"/>	<input type="checkbox"/>	_____
OH&S Act and Regulations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal H&S responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>15. FIRST AID REQUIRMENTS</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Adequate qualified first aiders on jobsite	<input type="checkbox"/>	<input type="checkbox"/>	_____
First aid kits: Adequate number	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate contents	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>16. CRANES, HOISTS, ETC.</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Safe setup of equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintenance log available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Competent operator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Condition of slings, hardware	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety catches on all hooks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper use of tag lines	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper lifting containers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Competent signaler	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>17. TRAFFIC CONTROL</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Trained traffic controllers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean, regulation sign	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly dressed (including vest)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>18. WELDING</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Rods & cylinders properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	_____
SDSs readily available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly secured ground cables	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper eye protection worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper screens and exhaust	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas cylinders upright and secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire extinguisher readily available	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>19. ELEVATING WORK PLATFORM</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Worker training	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acceptable loading	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manufacturer's operating manual	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>20. TEMPORARY POWER SUPPLY</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Properly identified	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overhead lines flagged & secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surface cables buried or protected	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>21. SIGNS &amp; PRINT MATERIAL</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
OH&S Act and regulations	<input type="checkbox"/>	<input type="checkbox"/>	_____
WSIB Form 82 poster	<input type="checkbox"/>	<input type="checkbox"/>	_____
SDSs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Warning signs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency phone list	<input type="checkbox"/>	<input type="checkbox"/>	_____
Report forms	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>22. MATERIALS STORAGE</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safely piled, stacked, bundled	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly moved or lifted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly labeled (WHMIS)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>23. TRENCHES &amp; EXCAVATIONS</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Properly sloped, where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Excavated soil properly placed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriate shoring used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper access to trench	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper storage of materials in and above Trench	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>24. CONFINED SPACES</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Proper access	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air testing before entry	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rescue equipment and team readily available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety harness, lifeline properly anchored & used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Second person for rescue	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outgoing air monitored	<input type="checkbox"/>	<input type="checkbox"/>	_____
Entry permit where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>25. SUSPENDED SCAFFOLDS</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Properly attached and capable of at least 4 times maximum load	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outrigger beam tied to fixed support with adequate counterweight	<input type="checkbox"/>	<input type="checkbox"/>	_____
All mechanical/electrical devices in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Independent lifelines for each worker (extend to ground)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Engineer's drawing on site	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>26. FORMWORK</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Guardrails and fall-arrest system	<input type="checkbox"/>	<input type="checkbox"/>	_____
Design drawings kept on project	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inspection statement by engineer or competent worker	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>27. HYGIENE</b>	<b>OK</b>	<b>Not OK</b>	<b>ACTION TAKEN</b>
Cleanliness of facilities	<input type="checkbox"/>	<input type="checkbox"/>	_____