

Construction Site HSE Audit

Project Name

Date of Audit

Auditor

INSTRUCTIONS

This checklist is designed to conduct an HSE audit of the construction site. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations, potential hazards, or areas for improvement. Use the "Notes/Observations" section to provide additional details, corrective actions, and any required follow-up.

1. GENERAL SITE SAFETY

Adequate signage is displayed for safety procedures and hazards.

Yes No NA

Safety manuals and guidelines are available and accessible to all workers.

Yes No NA

The site has a designated first aid station and emergency medical procedures.

Yes No NA

Fire extinguishers and other firefighting equipment are strategically placed.

Yes No NA

Observations / Notes:

[Insert HSE observations and corrective actions, if any]

2. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Workers are wearing appropriate PPE as required by their tasks.

Yes No NA

PPE is in good condition and properly fitted for each worker.

Yes No NA

Additional specialized PPE (e.g., fall protection, respiratory protection) is provided where needed.

Yes No NA

Adequate supplies of PPE are available for all workers.

Yes No NA

Observations / Notes:

[Insert HSE observations and corrective actions, if any]

3. WORKSITE HOUSEKEEPING

Work areas and access routes are clear of debris and hazards.

Yes No NA

Waste and construction materials are properly disposed of or stored.

Yes No NA

Tools and equipment are stored securely when not in use.

Yes No NA

Hazardous substances are stored and labeled correctly.

Yes No NA

Observations / Notes:

[Insert HSE observations and corrective actions, if any]

4. SCAFFOLDINGS AND LADDERS

- Scaffoldings are erected and used according to safety standards. Yes No NA
- Ladders are in good condition and used safely with appropriate access. Yes No NA
- Proper fall protection measures are in place for elevated work. Yes No NA
- Scaffoldings and ladders are inspected regularly for defects. Yes No NA

Observations / Notes:

[Insert HSE observations and corrective actions, if any]

5. ELECTRICAL SAFETY

- Electrical installations comply with safety regulations and codes. Yes No NA
- Electrical panels and circuits are properly labeled and accessible. Yes No NA
- Power tools and electrical equipment have grounded plugs. Yes No NA
- Workers are trained in electrical safety and lockout/tagout procedures. Yes No NA

Observations / Notes:

[Insert HSE observations and corrective actions, if any]

6. MATERIAL HANDLING

- Safe lifting and material handling practices are observed. Yes No NA
- Mechanical lifting equipment is inspected and certified. Yes No NA
- Workers are trained in material handling safety techniques. Yes No NA
- Heavy materials are securely stacked and stored to prevent collapse. Yes No NA

Observations / Notes:

[Insert HSE observations and corrective actions, if any]

7. HAZARDOUS SUBSTANCES

- Chemicals are properly labeled, stored, and handled. Yes No NA
- Material Safety Data Sheets (MSDS) are available for hazardous substances. Yes No NA
- Workers are informed about the hazards and safe handling of chemicals. Yes No NA
- Spill kits and emergency response procedures are in place. Yes No NA

Observations / Notes:

[Insert HSE observations and corrective actions, if any]

8. EMERGENCY PREPAREDNESS

Emergency response plans are posted, and workers are familiar with them.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Evacuation routes and assembly points are clearly marked.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
First aid kits and medical emergency procedures are accessible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Workers are trained in emergency response and evacuation procedures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Observations / Notes:

[Insert HSE observations and corrective actions, if any]

9. WORKSITE TRAFFIC MANAGEMENT

Traffic routes are clearly marked and separate from work areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Adequate traffic signs and barriers are in place to control vehicle movement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Workers and vehicle operators are trained in traffic safety rules.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
High-visibility clothing is worn by workers in traffic areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Observations / Notes:

[Insert HSE observations and corrective actions, if any]

10. HSE TRAINING AND COMPETENCY

Workers receive HSE induction and specific job training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Competency assessments are conducted for specialized tasks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Records of training and competency assessments are maintained.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Workers are periodically retrained on HSE topics.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Observations / Notes:

[Insert HSE observations and corrective actions, if any]

NOTES / OBSERVATIONS

[Insert any additional notes or HSE observations made during the audit]

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above HSE audit and that the information provided is accurate to the best of my knowledge.

Inspector's name :
Date :

Signature :

APPROVED BY

Name :
Date :

Signature :