OSHA Construction Safety Inspection

Construction Site Name/ Location					
Date of Inspection		Inspector's Name			
with OSHA regulations. Care	conduct a comprehensive safety inspection of the fully review each item and mark the corresponding solutions of the full section to provide additional definition of the full section of the	ding checkbox to indicate complian	ce or note any observa		
GENERAL SAFETY					
Housekeeping: Inspect for	cleanliness and clutter-free work areas.		Yes	No	NA
Fall Protection: Verify the	use of fall protection systems (e.g., g	uardrails, harnesses).	Yes	No	NA
Emergency Exits: Ensure e	mergency exits are accessible and unblo	cked.	Yes	No	NA
Fire Extinguishers: Check f	re extinguishers for accessibility and insp	pection tags.	Yes	No	NA NA
Corrective actions, if any:					
SCAFFOLDING					
Scaffolding Construction: Ir	spect the construction and stability of sca	affolding.	Yes	No	NA NA
Scaffolding Access: Verify	safe access to scaffolding platforms.		Yes	No	NA
Guardrails: Ensure guardra	ils are installed on all open sides of scaffo	olding.	Yes	No	NA
Observations / Notes / Corrective actions, if any:					
EXCAVATIONS AND TREM	ICHES				
Shoring and Support: Check shoring and support systems in excavations.			Yes	No	NA NA
Access and Egress: Ensure safe access and egress from trenches.		Yes	No	NA	
Sloping and Benching: Verif	y proper sloping and benching of excavati	ons.	Yes	No	NA
Observations / Notes / Corrective actions, if any:					

FALL PROTECTION			
Personal Fall Arrest Systems: Verify the use of personal fall arrest systems when working at heights.	Yes	No	NA
Guardrails: Inspect guardrails on elevated platforms and edges.	Yes	No	NA
Safety Nets: Ensure the presence and proper installation of safety nets.	Yes	No	NA
Observations / Notes / Corrective actions, if any:			
ELECTRICAL SAFETY Electrical Wiring: Inspect electrical wiring for damages or exposed wires.	Yes	No	NA NA
Electrical Panels: Ensure electrical panels are properly labeled and accessible.	Yes	No	NA
Ground Fault Circuit Interrupters (GFCIs): Check for the presence of GFCIs in wet areas.	Yes	No	NA NA
Observations / Notes / Corrective actions, if any:			
MACHINE GUARDING Machine Guards: Inspect machinery for proper guarding and safety features. Lockout/Tagout: Verify compliance with lockout/tagout procedures during maintenance.	Yes	No No	NA NA
Point of Operation Guards: Ensure point of operation guards are in place.	Yes	No	NA
Observations / Notes / Corrective actions, if any:			
HAZARD COMMUNICATION Safety Data Sheets (SDS): Ensure SDS are readily accessible to employees.	Yes	No	NA
Chemical Labels: Verify that chemical containers are properly labeled.	Yes	No	NA NA
Hazardous Material Storage: Inspect storage areas for proper handling of hazardous materials.	Yes	No	NA NA
Observations / Notes / Corrective actions, if any:			

PERSONAL PROTECTIVE E	QUIPMENT (PPE)			
PPE Assessment: Check if we	Yes	No	NA	
PPE Use: Ensure workers are	Yes	No	NA	
PPE Condition: Verify the con	dition and fit of PPE.	Yes	No	NA NA
Observations / Notes / Corrective actions, if any:				
MATERIAL HANDLING				
Manual Lifting: Check for prop	per lifting techniques and training.	Yes	No	NA
Material Storage: Inspect mat	erial storage for stability and safe stacking.	Yes	No	NA
Forklifts and Equipment: Verif	y that equipment is in safe operating condition.	Yes	No	NA
Corrective actions, if any:				
FIRST AID AND EMERGENC				
	ence and completeness of first aid kits.	Yes	No	NA NA
-	orkers are trained in first aid and emergency procedures.	Yes	No	NA NA
	emergency contact information is posted and up-to-date.	Yes	No	NA
Observations / Notes / Corrective actions, if any:				
ADDITIONAL NOTES/OBSEF	RVATIONS r construction industry safety inspection observations made during	the inspection]		

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above OSHA construction industry safety inspection and that the construction site has been thoroughly inspected for potential hazards and safety compliance. Any identified issues have been documented, and necessary corrective actions have been recommended.

Inspector's Name	:	Signature :	
Date	:		
APPROVED BY			
Name	:	Signature :	
Date	:		

