ANNEX N CONSTRUCTION SAFETY INSPECTION CHECKLIST

	Occupational Health & Safety (OHS) Inspection Checklist	Ver-00 DD/MM/YYYY

Company Name: _____

Jobsite Address: _____

Superintendent: _____

Date/Time: _____

Inspector(s): _____

Check Item	Yes	No	N/A	Comments
1. Posters and safety signs/warnings posted in all critical areas?	☐	☐	☐	
2. Regular safety meetings held and documented?	☐	☐	☐	
3. First aid kits available and fully stocked?	☐	☐	☐	
4. Emergency response plan and contact numbers displayed?	☐	☐	☐	
5. Workers provided with required PPE (helmets, gloves, boots, etc.)?	☐	☐	☐	
6. PPE usage compliance monitored and enforced?	☐	☐	☐	
7. Job-related safety training completed and recorded?	☐	☐	☐	
8. Fire extinguishers available, inspected, and functional?	☐	☐	☐	
9. Proper handling and storage of hazardous materials?	☐	☐	☐	
10. Accident and incident reporting procedures established and	☐	☐	☐	

followed?				
11. Electrical equipment properly grounded and inspected?	☐	☐	☐	
12. Fall protection (harnesses, guardrails, nets) provided where required?	☐	☐	☐	
13. Ladders and scaffolds inspected and secured properly?	☐	☐	☐	
14. Confined space entry permits in place where necessary?	☐	☐	☐	