

## Jobsite Inspection Checklist

Site/Contractor Name:		Date:		
Location:		No of Employees:		
Conducted By:				
<b>S – Satisfactory</b>	<b>NS – Not Satisfactory</b>		<b>NA – Not Applicable</b>	
Item Inspected	S	NS	NA	Requires Immediate Action
<b>1. SITE ACCESS</b>				
Clean, level ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>2. HOUSEKEEPING</b>				
Clear walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clear work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clear access and landing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>3. PERSONAL PROTECTIVE EQUIPMENT</b>				
Head protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foot protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fall protection (plan, rescue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>4. LADDERS</b>				
Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper angle (extension ladders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper size and type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper Handrail and landings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-slip bases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>5. SCAFFOLDS</b>				
Properly erected (all parts used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly planked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper guardrails, toeboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper access to platform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acceptable loading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>6. POWER TOOLS, EQUIPMENT</b>				
General condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper guards, cords, PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tagging as DEFECTIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>7. STAIRWELLS &amp; RAMPS</b>			
Proper filler blocks in metal stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cleats on ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate lighting in stairwells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper handrails or guardrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. TRAFFIC CONTROL</b>			
Trained traffic controllers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean, regulation sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Properly dressed (including vest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. PUBLIC WAY PROTECTION</b>			
Properly located (within 4.5 m)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrances clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covered where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min. height, width requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper rail on street side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper lighting, where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. FALL PROTECTION</b>			
CSA approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Properly worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unprotected openings and edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working from:			
Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swingstages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. GUARDRAILS, BARRICADES</b>			
Located where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Properly constructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequately secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. GAS CYLINDERS</b>			
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Properly secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Properly moved or lifted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Properly hooked up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. CONFINED SPACES</b>			
Proper access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air testing before entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rescue equipment readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety harness, lifeline properly anchored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second person for rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoing air monitored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entry permit where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. FIRST AID REQUIREMENTS</b>			

Adequate qualified first aiders on jobsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kits: Adequate number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>15. FIRE PROTECTION</b>				
Master emergency plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extinguishers where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fully charged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequately identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>16. CRANES, HOISTS, ETC.</b>				
Safe setup of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance log available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Competent operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of slings, hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety catches on all hooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of tag lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper lifting containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Competent signaller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>17. WELDING</b>				
Rods & cylinders properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MSDSs readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly secured ground cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper eye protection worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper screens and exhaust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas cylinders upright and secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguisher readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>18. ELEVATING WORK PLATFORM</b>				
Worker training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acceptable loading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manufacturer's operating manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>19. TRENCHES &amp; EXCAVATIONS</b>				
Properly sloped, where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excavated soil properly placed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate shoring used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper access to trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of materials in and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>20. EXTENSION CORDS</b>				
Outdoor-type, rated over 300 volts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of casing, ends, connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GFCIs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>21. TEMPORARY POWER SUPPLY</b>				

Properly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overhead lines flagged & secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surface cables buried or protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>22. MATERIALS STORAGE</b>				
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safely piled, stacked, bundled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly moved or lifted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly labeled (WHMIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>23. FORMWORK</b>				
Guardrails and fall-arrest system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Design drawings kept on project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection statement by engineer or competent worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>24. SUSPENDED SCAFFOLDS</b>				
Properly attached and capable of at least 4 times maximum load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outrigger beam tied to fixed support with adequate counterweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All mechanical/electrical devices in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Independent lifelines for each worker (extend to ground)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engineer's drawing on site if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>25. SIGNS &amp; PRINT MATERIAL</b>				
OH&S Act and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WSIB Form 82 poster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MSDSs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Warning signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency phone list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Report forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>26. WORKER EDUCATION</b>				
WHMIS training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Company safety policy & program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injury reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazard reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OH&S Act and Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal H&S responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>27. HYGIENE</b>				
Washroom facilities available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injury/hazard reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	