MONTHLY CONSTRUCTION SITE INSPECTION CHECKLIST

MONTHLY CONSTRUCTION SITE

INSPECTION CHECKLIST

Areas/Location:

Project:

# of Employees:

Date:

Supervisor:

Inspected By:

|  |
| --- |
| Hazard Classes  Class “A” Hazards: High risk hazard/situation and must be rectified and/or solved immediately.  Class “B” Hazards: Medium risk hazard/situation and must be rectified and/or solved in a seven (7) day period.  Class “C” Hazards: Low risk hazard/situation and must be rectified and/or solved in a thirty (30) day period. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Site Access | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Clean, level ground |  |  |  |  |  |
| Acceptable ramps |  |  |  |  |  |
| Acceptable stairs |  |  |  |  |  |
| Acceptable ladders |  |  |  |  |  |
| Worker Education | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Company Safety Policy and Program |  |  |  |  |  |
| OHSA and Regulations |  |  |  |  |  |
| Personal Health and Safety Responsibilities |  |  |  |  |  |
| WHMIS Training |  |  |  |  |  |
| Hazard Reporting |  |  |  |  |  |
| Injury Reporting |  |  |  |  |  |
| First Aid | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Adequate number of trained first aiders (min. 1 person per shift per site at all times) |  |  |  |  |  |
| First Aid Kits |  |  |  |  |  |
| Protective Equipment | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Hard Hats Worn |  |  |  |  |  |
| Hearing Protection |  |  |  |  |  |
| Eye/Face Protection |  |  |  |  |  |
| Foot Protection |  |  |  |  |  |
| Respiratory Protection |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Ladders | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Secured |  |  |  |  |  |
| Angle proper |  |  |  |  |  |
| Properly Used |  |  |  |  |  |
| Proper Handrails/Landings |  |  |  |  |  |
| Base Non-Slip |  |  |  |  |  |
| Fire Protection | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Extinguisher Available |  |  |  |  |  |
| Properly Charged |  |  |  |  |  |
| Properly Identified |  |  |  |  |  |
| Housekeeping | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Clear/Clean Walkways |  |  |  |  |  |
| Clean Work Areas |  |  |  |  |  |
| Clear Access/Landing |  |  |  |  |  |
| Other |  |  |  |  |  |
| Fall Protection | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| CSA Approved |  |  |  |  |  |
| Properly Worn |  |  |  |  |  |
| Working from Unprotect Openings |  |  |  |  |  |
| Scaffolds | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Properly Erected |  |  |  |  |  |
| Secured and Cleated into Position |  |  |  |  |  |
| Completely Planked at Working Level |  |  |  |  |  |
| Proper Guardrails and Toe Boards |  |  |  |  |  |
| Proper Access to Platform (Ladder Extends Pass 3 Feet) |  |  |  |  |  |
| Power Tools/Equipment | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Overall Condition |  |  |  |  |  |
| Proper Guards |  |  |  |  |  |
| Use of Defective Tags |  |  |  |  |  |
| Extension Cords | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Outdoor Quality |  |  |  |  |  |
| General Condition |  |  |  |  |  |
| Compressed Gas Cylinders | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Safety Located/Stored |  |  |  |  |  |
| Properly Secured |  |  |  |  |  |
| Signs and Print Materials | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Act and Regulations |  |  |  |  |  |
| WSIB Form 82 |  |  |  |  |  |
| MSDS Copies |  |  |  |  |  |
| Warning Signs |  |  |  |  |  |
| Emergency Phone List |  |  |  |  |  |
| Safety Report Forms |  |  |  |  |  |
| Material Storage | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Properly Located |  |  |  |  |  |
| Safely Piled, Stacked, Bundled |  |  |  |  |  |
| Properly Moved/Lifted |  |  |  |  |  |
| Properly Labeled |  |  |  |  |  |
| Trenches/Evacuations | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Evacuation Material Properly Placed |  |  |  |  |  |
| Properly Angled |  |  |  |  |  |
| Appropriate Shoring |  |  |  |  |  |
| Proper Access |  |  |  |  |  |
| Proper Storage of Materials |  |  |  |  |  |
| Formwork | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Guardrails and Fall Arrest System |  |  |  |  |  |
| Project Design Drawings |  |  |  |  |  |
| Inspection Statement Engineer Stamp. |  |  |  |  |  |
| Hygiene | Good Condition | N/A | Recommendation/  Comments | Hazard Class | Completion Date |
| Cleanliness |  |  |  |  |  |
| Other |  |  |  |  |  |

Additional Comments or Identified Training or Retraining Needs:

Worker(s) Contacted During Worksite Inspection:

Areas that did not receive good condition must have identified corrective actions. The health and safety representative will rate the hazard, and provide recommendations for corrective action.

Health & Safety Rep. Signature

Site Supervisor Signature

Post one copy on the health and safety board and send one copy to the office.