

Construction Safety Form PDF

Project Information

- Project Name: _____
- Project Location: _____
- Project Manager: _____
- Date: _____

Safety Checklist

Safety Measure	Yes	No	N/A	Comments
Personal Protective Equipment (PPE) available and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clear walkways and exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper signage displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kits available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency contact numbers visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment inspected and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe storage of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Incident Reporting

- Incident Description: _____

- Date and Time: _____
- Location: _____
- Persons Involved: _____
- Immediate Actions Taken: _____

Signatures

- Inspector's Signature: _____
- Date: _____
- Project Manager's Signature: _____
- Date: _____