

# Construction Safety Form Template

## Project Details

- Project Title: \_\_\_\_\_
- Location: \_\_\_\_\_
- Site Supervisor: \_\_\_\_\_
- Date: \_\_\_\_\_

## Safety Compliance Checklist

Item	Yes	No	N/A	Remarks
Workers wearing appropriate PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety barriers installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tools inspected before use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety drills conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid stations equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous materials handled correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders and lifts checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Incident Details

- Incident Summary: \_\_\_\_\_

- **Date and Time:** \_\_\_\_\_
- **Location:** \_\_\_\_\_
- **Personnel Involved:** \_\_\_\_\_
- **Action Taken:** \_\_\_\_\_

### Sign-off

- **Inspector Name:** \_\_\_\_\_
- **Inspector Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_
- **Supervisor Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_