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# Free Construction Safety Form

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## Site Information

- Site Name: \_\_\_\_\_
- Location: \_\_\_\_\_
- Supervisor: \_\_\_\_\_
- Inspection Date: \_\_\_\_\_

## Safety Checklist

Safety Aspect	Compliant	Non-Compliant	N/A	Notes
Hard hats worn by all workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety harnesses used where necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scaffolding secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tools and equipment properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate lighting provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical hazards labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical safety measures implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Incident Report

- Description of Incident: \_\_\_\_\_
- Date and Time: \_\_\_\_\_
- Location: \_\_\_\_\_
- Involved Personnel: \_\_\_\_\_
- Immediate Response: \_\_\_\_\_

## Verification

- Inspector's Name: \_\_\_\_\_
- Inspector's Signature: \_\_\_\_\_
- Date: \_\_\_\_\_
- Supervisor's Signature: \_\_\_\_\_
- Date: \_\_\_\_\_