

PROJECT MANAGER'S SITE INSPECTION CHECKLIST

PROJECT NAME: _____ INSPECTION DATE: _____

NAME: _____ SIGNED: _____

Item/s to Check	Yes	No	N/A	Comments
1. Day Reports Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Site Induction/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Site Induction Register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Daily Site Safety Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Daily Site Security 'Lockup' Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Visitors Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Electrical Register – 1 per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Subby Safety Walk – 1 per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Hazardous Substance Register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Toolbox talk – 1 per fortnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. QA Itp's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Environmental Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Safe Work Method Statements Reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Non conformances Issued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Plant & Equipment Checks / Log Books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Emergency Evacuation Drill carried out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Incident/Accidents Recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Fire Extinguisher in date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Amenities - Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Amenities - Soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Amenities – Paper towel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. Amenities – Bin / Garbage Bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. First Aid Kit – any refills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

General Comments: _____

Received By Site Representative: _____

Site Foreman: _____ Signed: _____ Date: _____