



Daily Safety Inspections

Name _____ Date _____

Project _____

Guideline: Conduct 3 inspections per day of the project workplace and 1 review of safety documentation

Inspection 1 Start Time: _____

Empty grid for Inspection 1 notes

Inspection 2 Start Time: _____

Empty grid for Inspection 2 notes

Inspection 3 Start Time: _____

Empty grid for Inspection 3 notes

Documentation Item reviewed: _____

Comments:

Empty space for comments

Reviewed by Site Superintendent
or Quality Supervisor

Date _____ Initials _____