

Name _____ Date _____

Project _____

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

Inspection 1 Start Time: _____

Inspection 2 Start Time: _____

Inspection 3 Start Time: _____

Documentation Item reviewed: _____

Comments:

Reviewed by Site Superintendent
or Quality Supervisor

Date _____ Initials _____