Jobsite Safety Inspection

Project Name:_____ **Job Number:**_____

☐ Sheet Metal ☐Piping ☐Plumbing ☐Service **GF/Foreman:**_____

Name of Inspector:_____ **Date of Inspection:**_____

Audit Items	Adequate	Needs Attention	Severity Rating	Date Corrected	Corrected By	Comments
1. Documentation						
2. Electrical						
3. Public Protection						
4. Housekeeping						
5. Protective Equipment						
6. Barricades/Floor Openings						
7. Ladders/Scaffolding						
8. Excavations						
9. Compress Gas						
10. Fire Protection						
11. Hazardous Materials						
12. Welding/Cutting						
13. Tools						
14. First Aid Kits						
15. Other						
16. Other						
17. Other						

Inspector's Comments

Foreman's Comments

Foreman's Name & Clock # _____

Severity Rating

I = Stop Work, Correct Immediately **T = Correct Today** **W = Correct Within One Week**