



OHS PROGRAM - WEEKLY SITE INSPECTION				
Form #: 03-28	Created: July 2025	Last rev:	Rev. 1.1	1 of 3



Date:	/ /	Time:		Duration:	
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Site Information			
Project:		Address:	
Superintendent/ Supervisor:		Phone #:	
Site Safety/OFFA:		Phone #:	
# workers on site:		Today's Weather:	
Current Project Stage:			

Site Safety Stats.			
First Aid visits:		Near Misses:	
Medical Injuries:		Accidents:	

Site Inspection						
	Ref.	Item Inspected	Acceptable condition?			Comments
Site Office/Common Areas	SO1	Notice / Safety Board Current (JOHS meetings, WSBC Inspections, etc)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SO2	Site Plan / Crane Plan Posted	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SO3	First Aid Information Posted	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SO4	JOHS Committee members / Worker Safety Rep. names posted	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SO5	Lunch Room Kept Sanitary	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SO6	Adequate stock of PPE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
Documentation Review	DR1	OHS Program available on site	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	DR2	Safe Job Procedures Current and signed-off by applicable workers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	DR3	Exposure Control Plans available and site specific (where required)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	DR4	Fit Testing Records available on site and current (where required)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	DR5	Formwork Drawing & Engineering	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	DR6	Crane documentation where required (incl. operator & rigger logs)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	DR7	Orientation records available and current for all workers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	DR8	Training records available on site and up to date	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	DR9	Pre-Shift Hazard Assessment completed and signed-off by workers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	DR10	Accident/Incident Investigations performed & within required time	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	DR11	SDS binder available for actual material on site (spot check)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	DR12	No SDS older than 3 years	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	DR13	Too-box Talks completed weekly and records available	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	DR14	30M33 is available for work within limits of approach (when applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	G1	Clear Access/Egress/Exit routes to all our work areas	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	G2	Work areas with sufficient light to perform the task safely	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	G3	Prompt Incident/Injury Reporting	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	G4	Site Housekeeping. No accumulation of dust and/or debris	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	G5	Floor Openings in work area covered & marked or guarded	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	

Site Inspection

	Ref.	Item Inspected	Acceptable condition?			Comments
General Site Conditions	G6	Guardrails properly secured to work surface, 8 ft spans or less	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	G7	Guardrails Top & Mid rails and Toe board at required heights	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	G8	Stacked materials are stable (interlocked, strapped, or other means)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	G9	Hazardous material properly stored and labelled	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	G10	Powered tools in good condition with guards in place	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	G11	Hand tools in good condition	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	G12	Tool Tethering when at height or near leading edges	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	G13	No materials Leaning on Guardrails or in stairwells	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	G14	Protruding rebar and other sharp objects in work area protected	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	G15	Minimum site PPE used by all workers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
G16	Specialized PPE used when required	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA		
Fall Protection	FP1	Guardrails on all work platforms higher than 4'	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	FP2	All workers above 10' have a fall protection system in place	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	FP3	Workers trained on systems used, and training is current	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	FP4	Personal Fall Protection systems in use are in good condition	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	FP5	Anchor/Anchorage adequately selected (strength & location)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	FP6	Fall Protection Equipment compatible connections and proper setup	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	FP7	Site Specific Fall Protection Plan for any work above 25'	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	FP8	Material Tied-back when near edges	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
Scaffolds & Work Platforms	SC1	Chosen For Suitability of Task	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SC2	Inspected Prior To Use by competent workers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SC3	Assembled Correctly by competent workers (where applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SC4	On firm, flat and Level Surface	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SC5	Wheels Locked (when applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SC6	All guardrails rails and braces in place	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SC7	All Connectors Installed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SC8	Platforms at least 20 inches wide (scaffolds)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SC9	Safe Access/Egress	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SC10	Manufacturer's specs or Engineering documents available	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
& Respiratory Protection	SP1	Exposure Control Plan adhered To (silica, drywall, etc)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SP2	Respirator Fit Tests Current for the Make/Model/Size used	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SP3	No dry sweeping observed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SP4	Engineering Controls (vacuum, wetting) available on site	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SP5	 Used as primary control method where practicable	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SP6	 Used correctly as per manufacturer's instructions	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SP7	HEPA Vacuums in good operating condition (when applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SP8	Filters/Pre-filters changed regularly (when applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	

Site Inspection

	Ref.	Item Inspected	Acceptable condition?			Comments
Silica Processes	SP9	Access restricted/controlled to work areas where required	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SP10	Replacement respirators and filters available	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SP11	Dust and waste double bagged and disposed of as per site ECP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SP12	Posted signage indicating hazard	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SP13	Equipment and clothes decontamination	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	SP14	Workers trained/instructed in procedures to follow	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
Ladders	L1	In good working condition	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	L2	Secured top and bottom	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	L3	Setp at a 4:1 ratio (75° angle)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	L4	Setup on a firm, flat and level base	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	L5	Extends 3' above landing surface (access ladders)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	L6	Apropriate ladder for job (duty rating, type, length, material)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	L7	Safe use (3-points contact, not on or above top rung/step, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
Mobile Equipment	ME1	Pre-use inspection current and records available in machine	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	ME2	Operators trained and current	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	ME3	Fall protection used where required	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	ME4	Alarms and safety devices in place and operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	
	ME5	Machine guards in place	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	

Additional Comments / Observations

Ref.*	Corrective Actions**	To be completed by	Before	CW

All Corrective Actions from previous inspection have been completed? YES NO; pending item Ref.:

Inspection Performed by	Signature	Completion date

*Copy Ref. from the item above related to the corrective action CW: Item requires company-wide communication
 **Corrective Actions to be confirmed on the next inspection

This inspection is for general site conditions and some items above may be under the direct control of other trades on site. In such case, record your finding, and communicate formally -such as by email- to the responsible person/employer.