SSD-005

DAILY JOBSITE INSPECTION

Inspect today's conditions. Correct hazards promptly. Document follow-through before closeout.

Project / Client		**Inspection No.**	
Project / Jobsite Location		**Inspection Date**	
General Contractor / Employer		**2 Inspection Details**	☐ Day ☐ Night ☐ Other: _____
Active Work / Phase		**4 Workforce Present**	
Inspector Name / Title		**20 Supervisor Review**	

1 Project Information *Complete at the start of the inspection.*

3 Weather Conditions	2 Inspection Details / Workforce
☐ Clear / dry ☐ Rain / wet ☐ Wind ☐ Heat / cold Temperature: _____ Wind: _____ Weather impacts / controls: _____	Start time: _____ End time: _____ Inspector route / area: _____ Total workforce: _____ Subcontractors present: _____ Visitors / public exposure: _____ Pre-shift meeting completed: ☐ Yes ☐ No High-risk work today: _____ ☐ Other: _____

5 Daily Safety Compliance Review *Mark each area acceptable, deficient, not applicable, or not observed.*

AREA	6 Housekeeping	7 PPE	8 Access/Egress	9 Fall Protection	10 Ladders
AREA	11 Scaffolds	12 Excavations	13 Electrical Safety	14 Tools/Equipment	15 Cranes/Lifting

Inspection status: A - ACCEPTABLE D - DEFICIENCY N/A - NOT APPLICABLE N/O - NOT OBSERVED

Response: Correct imminent-danger conditions immediately and stop affected work. Record each deficiency, interim control, responsible person, due time/date, and closure verification. Site and regulatory requirements take precedence.

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19 Corrective Actions

Record deficiencies and track each item through verified closure.

#	ITEM / AREA	FINDING / DEFICIENCY	IMMEDIATE CONTROL / CORRECTIVE ACTION	STATUS	DUE	RESPONSIBLE PERSON
1				A / D / N/A / N/O	A / D / N/A / N/O	
2				A / D / N/A / N/O	A / D / N/A / N/O	
3				A / D / N/A / N/O	A / D / N/A / N/O	
4				A / D / N/A / N/O	A / D / N/A / N/O	
5				A / D / N/A / N/O	A / D / N/A / N/O	
6				A / D / N/A / N/O	A / D / N/A / N/O	
7				A / D / N/A / N/O	A / D / N/A / N/O	

Status Key: A = Acceptable D = Deficiency N/A = Not Applicable N/O = Not Observed

Corrective-action reminder: Apply immediate controls when needed, assign one accountable owner, establish a due time/date, attach supporting evidence when useful, and verify that the completed action is effective before closure.

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6–18 Jobsite Inspection Areas

6–12 Core Site Conditions	13–18 Specialized Safety Controls
☐ 6 General Housekeeping ☐ 7 PPE Compliance ☐ 8 Access/Egress ☐ 9 Fall Protection ☐ 10 Ladders ☐ 11 Scaffolds ☐ 12 Excavations Finding / area: _____ Status: ☐ A ☐ D ☐ N/A ☐ N/O Immediate control: _____ Responsible person: _____ Due: _____ ☐ Other: _____	☐ 13 Electrical Safety ☐ 14 Tools and Equipment ☐ 15 Cranes/Lifting Operations ☐ 16 Fire Prevention ☐ 17 Hazardous Materials ☐ 18 Traffic Control ☐ 18 Environmental Controls Finding / area: _____ Status: ☐ A ☐ D ☐ N/A ☐ N/O Immediate control: _____ Responsible person: _____ Due: _____ ☐ Other: _____

20 Supervisor Review

Supervisor / Superintendent		**Inspection Reviewed At**	
Urgent Hazards Controlled?		**Affected Area / Trade**	
Work Stopped / Restricted?	☐ No ☐ Yes - details: _____	**Next-Shift Handoff Required?**	☐ No ☐ Yes - to: _____
Supervisor Comments		**Review Date / Time**	Date: _____ Time: _____

21 Management Approval

☐ Findings reviewed	☐ Priorities confirmed	☐ Owners assigned	☐ Due dates confirmed
☐ Work restrictions communicated	☐ Escalation completed	☐ Attachments reviewed	☐ Other: _____

22 Daily Closeout

At closeout, confirm urgent hazards are controlled, affected personnel were informed, corrective actions were assigned, required

notifications were made, temporary controls remain effective, and incomplete items were transferred to the next shift or responsible manager. Stop affected work when an imminent-danger condition remains unresolved.

Closeout / Handoff No.		**Date / Time**	
Open Item / Shift-Handoff Details		**Received / Verified By**	

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20 Supervisor Review *Confirm findings, priorities, assignments, and work restrictions.*

REVIEW / APPROVAL	PRINTED NAME	RESPONSIBLE PERSON	VERIFIED / CLOSED
Inspector			
20 Supervisor Review			
21 Management Approval			
Escalation Approval (if required)			

19 Corrective Action Tracking: Assign and verify every deficiency before closure.

Use one line per corrective action. The responsible person documents completion; the verifier confirms that the action addresses the finding and remains effective. Open items must be carried forward and communicated to the next shift or responsible manager.

CORRECTIVE ACTION / REQUIRED RESULT	RESPONSIBLE PERSON	DUE / COMPLETED	VERIFIED / CLOSED

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21 Management Approval | 22 Daily Closeout | 23 Record Retention

22 Daily Closeout	☐ Complete ☐ Open items carried forward	Date / Time	
Urgent Findings / Notifications	☐ None ☐ Yes - reference: _____	Closeout / Handoff Comments	
23 Record Retention Location / Period		Closed / Retained By	

IMPORTANT: This form supports daily jobsite inspection and corrective-action tracking but does not replace applicable laws, regulations, permits, manufacturer instructions, competent-person inspections, site rules, or professional judgment. The employer remains responsible for inspection frequency, qualified reviewers, hazard correction, required reporting, and secure record retention.

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