

# Monthly Inspection Checklist

Site/Contractor Name:	Date:
Location:	No. of Employees:
Conducted By:	

**S** - Satisfactory    **NS** - Not Satisfactory    **NA** - Not Applicable

Item Inspected	S	NS	NA	Requires Immediate Action
<b>1. SITE ACCESS</b>				
Clean, level ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>2. HOUSEKEEPING</b>				
Clear walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clear work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clear access and landing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>3. PERSONAL PROTECTIVE EQUIPMENT</b>				
Head protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foot protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fall protection (plan, rescue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>4. LADDERS</b>				
Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper angle (extension ladders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper size and type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper handrail and landings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-slip bases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>5. POWER TOOLS, EQUIPMENT</b>				
General condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copy of manufacturer's operating manual as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper guards, cords, PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tagging as DEFECTIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>6. SCAFFOLDS</b>				
Properly erected (all parts used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Item Inspected	S	NS	NA	Requires Immediate Action
Properly planked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper guardrails, toeboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper access to platform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acceptable loading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>7. STAIRWELLS &amp; RAMPS</b>				
Proper filler blocks in metal stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Installed from the lowest level to the uppermost work level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper cleats on ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate lighting in stairwells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper handrails or guardrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Installed from the lowest level to the uppermost work level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>8. TRAFFIC CONTROL</b>				
Trained traffic controllers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Written Traffic Protection Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean, regulation sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
High visibility garment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>9. PUBLIC WAY PROTECTION</b>				
Properly located (within 4.5 m)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
A sturdy fence at least 1.8 metres in height as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Entrances clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Covered where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Min. height, width requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper rail on street side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper lighting, where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>10. FALL PROTECTION</b>				
CSA approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Working at Heights training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
System specific training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Site specific instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unprotected openings and edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Working from:				
<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolds <input type="checkbox"/> Swingstages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>11. GUARDRAILS, BARRICADES</b>				
Located where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly constructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequately secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>12. GAS CYLINDERS</b>				
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly moved or lifted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly hooked up and upright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Item Inspected	S	NS	NA	Requires Immediate Action
<b>13. CONFINED SPACES</b>				
Proper access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air testing before entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rescue equipment readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety harness, lifeline properly anchored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Second person for rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outgoing air monitored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Entry permit where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>14. FIRST AID REQUIREMENTS</b>				
Adequate qualified first aiders on jobsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
First aid kits:				
<input type="checkbox"/> Adequate number <input type="checkbox"/> Adequate contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>15. FIRE PROTECTION</b>				
Master emergency plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extinguishers where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fully charged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequately identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>16. CRANES, HOISTS, ETC.</b>				
Safe setup of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintenance log available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Competent operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Condition of slings, hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety catches on all hooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper use of tag lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper lifting containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Competent signaller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>17. WELDING</b>				
Rods & cylinders properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SDS readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly secured ground cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper eye protection worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper screens and exhaust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas cylinders upright and secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire extinguisher readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>18. ELEVATING WORK PLATFORM</b>				
Worker training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acceptable loading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manufacturer's operating manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>19. TRENCHES &amp; EXCAVATIONS</b>				
Properly sloped, where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Excavated soil properly placed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriate shoring used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper access to trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper storage of materials in and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Item Inspected	S	NS	NA	Requires Immediate Action
<b>20. EXTENSION CORDS</b>				
Outdoor-type, rated over 300 volts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Condition of casing, ends, connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
GFCIs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>21. TEMPORARY POWER SUPPLY</b>				
Properly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overhead lines flagged & secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surface cables buried or protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>22. MATERIALS STORAGE</b>				
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safely piled, stacked, bundled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly moved or lifted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly labeled (WHMIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>23. FORMWORK</b>				
Guardrails and fall protection system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Design drawings kept on project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inspection statement by eng. or competent worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>24. SUSPENDED SCAFFOLDS</b>				
Properly attached and capable of 4 times max. load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outrigger beam tied to fixed support with counterwt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
All mechanical/electrical devices in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Independent lifelines for each worker (ext. to ground)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Engineer's drawings and inspection reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>25. SIGNS &amp; PRINT MATERIAL</b>				
OHSA and Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form 1000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Notice of Project (If required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WSIB <i>In Case of Injury</i> Poster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MLITSD <i>Health &amp; Safety at Work</i> Poster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Warning signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency response plan and phone list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Report forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>26. WORKER EDUCATION</b>				
WHMIS training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Company safety policies & program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Injury reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hazard reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
OH&S Act and Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal H&S responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>27. HYGIENE</b>				
Washrooms with adequate clean-up facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cleanliness of facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Potable drinking water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Injury/hazard reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____