

	JOBSITE GENERAL SAFETY CHECKLIST	Ref.	
		Page 1 of 1	

Company Name:			
Address of Worksite			
Supervisor:			
Date:		Time:	
Inspector:			
Signature:			

SR.	DESCRIPTION	YES	NO	NA	COMMENTS
1.1.	Are posters and safety signs or warnings in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2.	Are safety meetings held periodically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3.	Is a first-aid kit available and adequately stocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4.	Has job-related safety training been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5.	Has an accident reporting procedure been established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.6.	Is a substance abuse policy in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.7.	Are injury records kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.8.	Are emergency telephone numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9.	Are traffic routes identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10.	Are there procedures to handle hazardous waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Where the question is applicable and response is 'NO' do not proceed with work.

Completed by:	Position:	Signatures:	Date: