

## Daily job site inspection checklist

Name :

Job No.

Job Location:

Date:

Time:

Job description summary:

First check (1)	YES	NO	Visible/tangible Hazard(s) (2)	YES	NO
Clear job description for today	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Chemicals	<input type="checkbox"/>	<input type="checkbox"/>
Signed in entering the jobsite	<input type="checkbox"/>	<input type="checkbox"/>	Confined Space	<input type="checkbox"/>	<input type="checkbox"/>
Read/understood SWMS	<input type="checkbox"/>	<input type="checkbox"/>	Noise	<input type="checkbox"/>	<input type="checkbox"/>
Have appropriate PPE	<input type="checkbox"/>	<input type="checkbox"/>	Dust (including silica)	<input type="checkbox"/>	<input type="checkbox"/>
Trained and licensed to use equipment/perform this job	<input type="checkbox"/>	<input type="checkbox"/>	Demolition/Excavation work	<input type="checkbox"/>	<input type="checkbox"/>
Right permit(s) obtained	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>
Relevant person(s) is notified	<input type="checkbox"/>	<input type="checkbox"/>	Electrical work	<input type="checkbox"/>	<input type="checkbox"/>
Tools are safe & suitable for this job	<input type="checkbox"/>	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>	<input type="checkbox"/>

(1) If you answered “No” to any of these items, stop and think what you need to do or who you need to contact.

(2) If you answered “Yes” to any of these items, ensure you read, understood, and signed the relevant SWMS.

