

Safety Walkaround-Inspection Checklist

Jobsite Location _____ Ticket/Serial No. _____
Date of Inspection _____
Time of Inspection _____
Supervisor/Foreman Name(s) _____

Specific Job Hazards/Conditions

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Existing Utilities

- ☐ Support adequate
- ☐ Loose materials
- ☐ Utilities identified and protected
- ☐ White paint/flags
- ☐ Lawful dig ticket in hand

Weather

- ☐ Overnight freezing
- ☐ Rain

Personal Protective Equipment

- ☐ Reflectorized vests in vehicular areas
- ☐ Hard hats, steel-toe shoes, etc. being used as specified

General Observations and Conditions

- ☐ Weather _____
- ☐ Traffic _____
- ☐ Terrain _____
- ☐ Other _____

Comments/Notes:

(Back of page to list local emergency contact information)

EMERGENCY CONTACT INFORMATION
