EVORIS GLOBAL CONSULTING

Site HSE Inspection Checklist

Construction site inspection record — complete at each inspection visit

Site / Project:	
Inspector Name:	
Date of Inspection:	
Weather Conditions:	
Inspection Type:	Routine / Pre-start / Post-incident / Planned

INSPECTION ITEMS

Inspection Item	Satisfactory	Action Required	N/A
SITE ACCESS & WELFARE			
Site entrance clearly marked and controlled	☐	☐	☐
Welfare facilities clean, stocked, and maintained	☐	☐	☐
First aid kit available and fully stocked	☐	☐	☐
Emergency contacts displayed at site entrance	☐	☐	☐
Site fire points identified and accessible	☐	☐	☐
PERSONAL PROTECTIVE EQUIPMENT			
PPE signage in place throughout site	☐	☐	☐
All operatives wearing mandatory PPE (hard hat, hi-vis, safety boots)	☐	☐	☐
Task-specific PPE available and in use	☐	☐	☐
PPE in good condition — no damage or expiry	☐	☐	☐
WORKING AT HEIGHT			
Edge protection and barriers in place and secure	☐	☐	☐
Scaffolding inspected and tagged with current date	☐	☐	☐
Ladders secured, footed, and correct angle	☐	☐	☐
MEWP pre-use checks completed and recorded	☐	☐	☐
Working at height permit to work in place where required	☐	☐	☐
PLANT & EQUIPMENT			
Plant exclusion zones established and clearly marked	☐	☐	☐
Pedestrian/plant segregation maintained	☐	☐	☐

Daily plant pre-use checks completed and recorded	☐	☐	☐
Plant operators hold valid certification	☐	☐	☐
EXCAVATIONS & GROUNDWORKS			
Excavations inspected and signed off before each shift	☐	☐	☐
Battering, shoring, or trench boxes in place	☐	☐	☐
Buried services identified and marked	☐	☐	☐
COSHH & HAZARDOUS SUBSTANCES			
COSHH assessments available for substances in use	☐	☐	☐
Hazardous substances stored correctly and labelled	☐	☐	☐
Spill kits available in relevant areas	☐	☐	☐
HOUSEKEEPING & ENVIRONMENT			
Site tidy — materials stored, walkways clear	☐	☐	☐
Waste segregated and skips not overloaded	☐	☐	☐
Dust and noise controls in place where required	☐	☐	☐
Surface water/run-off controls in place	☐	☐	☐

ACTIONS REQUIRED

Ref	Action Required	Responsible Person	Target Date	Completed
1				
2				
3				
4				
5				

INSPECTOR SIGN-OFF

Inspector Signature:	
Print Name:	
Date:	
Countersigned by:	