
6.0 MONITORING AND INSPECTION TOOLS

6.1. DAILY SITE INSPECTION CHECKLIST

Date:				
Project/Site Name:				
Inspector Name:				
Item	Inspection Criteria	Yes	No	Comments
i. Housekeeping	▪ Work areas clean and tidy			
ii. Access/Egress	▪ Clear and unobstructed pathways			
iii. PPE Usage	▪ Workers wearing required PPE			
iv. Tools & Equipment	▪ In good working condition			
v. Warning Signs	▪ Properly posted and visible			
vi. Spill Control	▪ Absorbents and kits available			
vii. First Aid	▪ Kit available and stocked			

Signature: _____

6.2. WEEKLY SAFETY AUDIT CHECKLIST

Week Ending:			
Department:			
Auditor Name:			
Area	Audit Question	Compliance (Yes/No)	Observations/Corrective Action
i. Machinery	<ul style="list-style-type: none"> ▪ Are guards in place and functional? 		
ii. Ladders	<ul style="list-style-type: none"> ▪ Stored properly and inspected? 		
iii. Electrical	<ul style="list-style-type: none"> ▪ Cables organized and undamaged? 		
iv. Emergency Exits	<ul style="list-style-type: none"> ▪ Clear and marked? 		
v. Training	<ul style="list-style-type: none"> ▪ Are toolbox talks conducted weekly? 		
Summary of Non-Compliances:			
Recommendations:			
Auditor Signature:			

6.3. FIRE EXTINGUISHER INSPECTION CHECKLIST

Inspection Date:							
Inspector:							
Location:							
Extinguisher ID	Type	Pressure OK (YES/NO)		Pin & Seal Intact (YES/NO)		Last Service Date	Action Required
FE-001	CO ₂					Jan 2025	
FE-002	Water					Mar 2025	



6.4. PPE INSPECTION FORM

Employee Name:			
Job Role:			
Date of Inspection:			
PPE Item	Condition (Good/Fair/Poor)	Damage Noted?	Action Taken
i. Safety Helmet	<ul style="list-style-type: none"> ▪ Good 	<ul style="list-style-type: none"> ▪ No 	<ul style="list-style-type: none"> ▪ N/A
ii. Gloves	<ul style="list-style-type: none"> ▪ Fair 	<ul style="list-style-type: none"> ▪ Yes (torn) 	<ul style="list-style-type: none"> ▪ Replaced
iii. Goggles	<ul style="list-style-type: none"> ▪ Good 	<ul style="list-style-type: none"> ▪ No 	<ul style="list-style-type: none"> ▪ -
iv. Safety Boots	<ul style="list-style-type: none"> ▪ Poor 	<ul style="list-style-type: none"> ▪ Yes (worn sole) 	<ul style="list-style-type: none"> ▪ Reported to Supervisor

Inspected By: _____

6.5. SAFETY WALKTHROUGH REPORT

Date:	
Conducted By:	
Site/Area:	
Observations:	
<ul style="list-style-type: none">• Unsafe ladder use near scaffolding• PPE compliance at 90%• Fire exit partially blocked-in warehouse zone	
Positive Findings:	
<ul style="list-style-type: none">• Signage clear and up to date• Housekeeping excellent in fabrication area	
Recommendations:	
<ul style="list-style-type: none">• Immediate clearance of fire exit• Reinforce ladder safety during toolbox talks	

Sign-Off:

Supervisor: _____

HSE Officer: _____

6.6. VEHICLE SAFETY INSPECTION SHEET

Vehicle Registration No.:			
Driver Name:			
Inspection Date:			
Item	Pass	Fail	Remarks
i. Brakes			
ii. Lights (Head/Tail/Indicators)			
iii. Horn			
iv. Tyres			
v. Windshield & Mirrors			
vi. Fire Extinguisher Present			
vii. First Aid Kit			

Inspector Signature: _____