

Subcontractor Site Inspection Checklist

Project Name: [Project Name]

Date: [Inspection Date]

Subcontractor: [Subcontractor Name]

Inspected By: [Inspector's Name]

Checklist Items

Item	Description	Status (OK/Not OK)	Comments
1	Personal Protective Equipment (PPE) Availability	[Status]	[Comments]
2	Tool and Equipment Safety	[Status]	[Comments]
3	Emergency Exits Accessibility	[Status]	[Comments]
4	First Aid Kit Availability	[Status]	[Comments]
5	Proper Signage (Hazards, Warnings)	[Status]	[Comments]

Overall Compliance Status

[Overall Status: Compliant/Non-Compliant]

Recommendations

[Recommendations for Improvement]

Signature

Inspector Signature: _____

Date: _____