

# CONSTRUCTION SITE HOUSEKEEPING INSPECTION CHECKLIST

## GENERAL INFORMATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

## DEBRIS & WASTE MANAGEMENT

- Yes  No — Scrap materials and debris are collected and removed regularly
- Yes  No — Waste containers are available, clearly marked, and not overflowing
- Yes  No — Construction waste is segregated where required (metal, concrete, wood)
- Yes  No — Hazardous materials are stored and disposed of per regulations

## WALKWAYS & WORK AREAS

- Yes  No — Aisles, paths, and work areas are free from clutter and obstructions
- Yes  No — Temporary walkways are stable, dry, and clearly defined
- Yes  No — Adequate lighting provided for safe access and movement
- Yes  No — Materials are stacked and stored safely to prevent collapse or injury

## TOOLS, EQUIPMENT & STORAGE

- Yes  No — Hand tools and power tools are stored properly when not in use
- Yes  No — Cords, hoses, and cables do not present trip hazards
- Yes  No — Equipment parking areas are organized and clearly designated
- Yes  No — Fuel, lubricants, and chemicals are contained securely and labeled

## **HOUSEKEEPING & ENVIRONMENTAL CONTROLS**

- Yes  No — Dust suppression measures are in place and effective
- Yes  No — Spills are cleaned promptly and reported as required
- Yes  No — Stormwater management and site drainage are functioning properly
- Yes  No — Noise and emissions are controlled to meet local requirements

## **SAFETY & COMPLIANCE**

- Yes  No — Fire extinguishers and emergency equipment are accessible
- Yes  No — First aid kits are present and stocked appropriately
- Yes  No — Safety signage is posted and visible at required locations
- Yes  No — Housekeeping standards comply with regulatory and project guidelines

## FINAL NOTES

Inspector Comments:

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Inspector Name: \_\_\_\_\_

Inspector Email: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

I confirm this inspection was completed accurately

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