

DAILY INSPECTION FORM

DATE / TIME OF INSPECTION: _____ INSPECTED BY: _____

PROJECT NAME: _____ PROJECT NUMBER: _____

NOTES: _____

ITEMS	COMPLIANT	NON-COMPLIANT	PICTURES TAKEN	# OF WARNING'S	N/A	DESCRIPTION & CORRECTIVE ACTION TAKEN
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RIGGING					
CONFINED SPACE					
LOCK-OUT / TAG-OUT					
FALL PROTECTION					
AERIAL LIFTS					
FIRE PREVENTION					
HOT WORK PERMIT					
SLIPS, TRIPS & FALL HAZARDS					
REBAR / FORM PIN CAPS					
