

DAILY SITE SAFETY REPORT	
Project Name:	
Location:	
Date:	
Safety Officer:	
Weather Conditions:	
MANPOWER DETAILS	
Total Manpower:	
Breakdown (Carpenters/Welders/Helpers etc.):	
WORK ACTIVITIES	
Activities Performed:	
High-Risk Activities:	
PPE INSPECTION	
PPE Compliance (%) :	
Non-Compliance Observed:	
WORK PERMITS CHECKLIST	
Hot Work Permit:	
Work at Height Permit:	
Confined Space Permit:	
Electrical Isolation/LOTO:	
Excavation Permit:	
Lifting Permit:	
HAZARDS & RISK LEVEL	
Hazard Observed:	
Risk Level (Low/Med/High):	
Corrective Action Taken:	
Responsible Person:	
INCIDENTS & NEAR MISSES	
Description:	
Immediate Action:	
TOOLBOX TALK	

Topic:	
Total Participants:	
Conducted By:	
EQUIPMENT INSPECTION	
Cranes/Lifting Tools:	
Scaffolding Status:	
Electrical Tools:	
Fire Extinguishers:	
PHOTO ATTACHMENTS	
(Paste photos here manually after printing)	
SIGNATURES	
Safety Officer Signature:	
Supervisor Signature:	
Client/PMC Signature:	