



Company Name

Company Address

Company Contact

Verification of Safety Signage and Emergency Exits Checklist

General Information

- Date: _____
- Project Name: _____
- Site Location: _____
- Inspector's Name: _____
- Inspection Type: Daily Weekly Monthly

1. Safety Signage Verification

Check Item	Yes	No	N/A	Comments/Action Required
All required safety signs are in place and visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signs are in good condition (not faded, damaged, or missing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Warning signs (e.g., "Caution: Hard Hat Area") are placed where needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguisher locations are clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid stations and emergency medical points are marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical hazard warnings (e.g., "High Voltage") are posted near risk areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit routes are clearly marked with "EXIT" signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Restricted areas have appropriate signage (e.g., "Authorized Personnel Only")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety signage is in the correct language(s) for workers on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Emergency Exit Verification

Check Item	Yes	No	N/A	Comments/Action Required
All emergency exits are free of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit signs are illuminated and functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exit doors open freely and are not locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routes to emergency exits are clear of debris or hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exits are adequately sized for worker flow in case of evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire doors are operational and properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit pathways are well-lit and free of trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Corrective Actions and Follow-Up

- Any issues identified should be corrected immediately.
- Describe corrective actions taken for any "No" responses:

- _____
- _____
- _____

- Follow-up scheduled for: __/__/__

- Inspector's Signature: _____