

□ **UNSAFE CONDITION INSPECTION REPORT** □
ISO 45001:2018 | Clause 6.1 – Hazard Identification & Risk Assessment

UC Report No.	9b608f4d-ee1e-496c-8e98-0d8b985095e6	Date Identified	12-Mar-2026 03:00:00 AM	Time	21:30
Project / Site	Garcon Point	Location / Zone			
Reported By	11580	Department			

ACTION REQUIRED AS A RESULT OF WORKERS FIGHTING ON DUTY HOURS

Description of the problem which requires rectification	Action Required to rectify the problem (and prevent recurrence)	Corrective Action Taken	Preventive Action Taken
<input type="checkbox"/> Description of the problem which requires rectification <input type="checkbox"/> Slippery / uneven floor surfaces <input type="checkbox"/> Protruding nails or sharp edges <input type="checkbox"/> Inadequate lighting on site <input type="checkbox"/> Blocked emergency exit routes <input type="checkbox"/> Unsecured heavy furniture / fixtures	<input type="checkbox"/> Action Required to rectify the problem (and prevent recurrence) <input type="checkbox"/> Assigned to <input type="checkbox"/> Position <input type="checkbox"/> Date by which action must be completed <input type="checkbox"/> Status <input type="checkbox"/> Faulty electrical equipment in use	<input type="checkbox"/> Corrective Action Taken <input type="checkbox"/> No SDS available <input type="checkbox"/> Unlabelled containers / materials <input type="checkbox"/> Chemical spill unattended <input type="checkbox"/> Waste not segregated properly <input type="checkbox"/> Dust / fumes uncontrolled	<input type="checkbox"/> Preventive Action Taken <input type="checkbox"/> Assigned to <input type="checkbox"/> Position <input type="checkbox"/> Date <input type="checkbox"/> Status <input type="checkbox"/> Other (specify in Section 3)

FOLLOW-UP REVIEW/REPORT

Follow-up review/report
<i>Who could be harmed and how?</i>

	Likelihood (1-5)	Severity (1-5)	Risk Score (L x S)	Rating
BEFORE CONTROL	—	Note: (If YES, then please send a copy of this notice to the Project Director for further action).		<input type="radio"/> Low <input type="radio"/> Med <input type="radio"/> High

	Likelihood (1-5)	Severity (1-5)	Risk Score (L x S)	Rating
AFTER CONTROL				<input type="radio"/> Low <input type="radio"/> Med <input type="radio"/> High

Control Level	Control Measure Applied / Proposed	Applicable?
1 – Elimination	Remove the hazard entirely from the workplace	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
2 – Substitution	Replace with less hazardous material or process	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
3 – Engineering	Physical controls: guards, barriers, ventilation	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
4 – Administrative	Signage, SOP, training, work rotation, permits	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
5 – PPE	Gloves, goggles, hard hat, safety shoes, masks	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

#	Corrective Action	Responsible	Due Date	Status
1				
2				
3				
4				
5				

BEFORE (PHOTO / SKETCH)	DURING RECTIFICATION	AFTER (CONDITION RESOLVED)
<i>[Attach photo or sketch]</i>	<i>[Attach photo or sketch]</i>	<i>[Attach photo or sketch]</i>
Ref No: _____	Ref No: _____	Ref No: _____

IDENTIFIED BY	VERIFIED BY (SUPERVISOR)	CLOSED BY (HSE/ MANAGER)
Name: _____	Name: _____	Name: _____
Sign: _____	Sign: _____	Sign: _____
Date: _____	Date: _____	Date: _____

All unsafe conditions must be rectified or isolated immediately. High/Critical risks require work stoppage until resolved.