

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

| | | | | | |
|-----------------------|--------------------------------------|------------------------|-------------------------|-------------|-------|
| UC Report No. | d41b6c29-e3bc-43f3-8f1a-8ae159dd4b4c | Date Identified | 18-Mar-2026 12:00:00 AM | Time | 18:30 |
| Project / Site | Oak Leaf | Location / Zone | | | |
| Reported By | 267 | 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"/> Date by which action must be completed <input type="checkbox"/> Assigned to <input type="checkbox"/> Position <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: Comments: | Ref No: Comments: | Ref No: Comments: |

| 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.