

☐ **UNSAFE ACT OBSERVATION REPORT** ☐
ISO 45001:2018 | Clause 8.1 – Operational Planning and Control

SECTION 1 — IDENTIFICATION & REPORTING DETAIL

UA Report No.	5fb26b06-75f8-4ab1-adbc-5fb1b5d7b427	Date Observed	30-Mar-2026 05:25:00 AM	Time	23:55
Project / Site	Oak Leaf	Location / Area	Locate test		
Observed By	observed test	Department	Observe test		

SECTION 2 — PERSON(S) INVOLVED

#	Name	Employee ID	Designation	Contractor / Staff
1	Radhe	123	CEO	Contractor
2	Shyam	852	SE	Staff
3				

SECTION 3 — CATEGORY OF UNSAFE ACT (TICK ALL APPLICABLE)

PERSONAL BEHAVIOUR	USE OF EQUIPMENT / TOOLS	PROCEDURE & COMPLIANCE
<input checked="" type="checkbox"/> Not wearing PPE (helmet, gloves, safety shoes) <input type="checkbox"/> Using mobile phone while working at height <input type="checkbox"/> Working under the influence of substances <input checked="" type="checkbox"/> Horseplay or distraction on site <input type="checkbox"/> Bypassing safety controls	<input checked="" type="checkbox"/> Using damaged or defective tools <input type="checkbox"/> Incorrect use of ladders / scaffolding <input type="checkbox"/> Overloading equipment (shelving, trolleys) <input checked="" type="checkbox"/> Operating machinery without authorization <input type="checkbox"/> Improper handling of heavy furniture	<input checked="" type="checkbox"/> Not following SOP / method statement <input type="checkbox"/> Working in unauthorized area <input type="checkbox"/> Missing fire extinguisher <input checked="" type="checkbox"/> Failure to report a hazard / near miss <input type="checkbox"/> Working at height without permit <input type="checkbox"/> Other (specify below)

SECTION 4 — RISK SEVERITY ASSESSMENT

LIKELIHOOD	SEVERITY	RISK RATING	IMMEDIATE ACTION TAKEN?
Possible	Moderate	High	<input checked="" type="checkbox"/> Yes – Work Stopped <input checked="" type="checkbox"/> Yes – Corrected On-Site <input type="checkbox"/> No – Monitoring Required

SECTION 5 — DESCRIPTION OF UNSAFE ACT

Describe what was observed (who, what, where, when, how)
Test description

Potential consequence if not corrected
Potential consequences

SECTION 6 — CORRECTIVE ACTION PLAN

#	Action Required	Responsible Person	Target Date	Status
1	Action 1	Responsible 1	30-Mar-2026	Open
2	Action 2	Responsibl 2	31-Mar-2026	Closed
3				
4				

SECTION 7 — ACKNOWLEDGEMENT & SIGN-OFF

REPORTED BY	REVIEWED BY (SUPERVISOR)	CLOSED BY (HSE/ MANAGER)
Name: _____	Name: _____	Name: _____
Sign: _____	Sign: _____	Sign: _____
Date: _____	Date: _____	Date: _____

This report must be submitted to the HSE Officer within 24 hours of observation. Retain copy on project file.