

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

**SECTION 1 — IDENTIFICATION & REPORTING DETAIL**

<b>UC Report No.</b>	ea35c8db-19da-43de-980d-e6b455be0350	<b>Date Identified</b>	31-Mar-2026 05:25:00 AM	<b>Time</b>	23:55
<b>Project / Site</b>	Garcon Point	<b>Location / Zone</b>	Locate		
<b>Reported By</b>	267	<b>Department</b>	Department test		

**SECTION 2 — CATEGORY OF UNSAFE CONDITION (TICK ALL APPLICABLE)**

PHYSICAL / STRUCTURAL	ELECTRICAL & FIRE	CHEMICAL / MATERIAL	ERGONOMIC / ENVIRONMENTAL
<input checked="" type="checkbox"/> Unstable scaffolding / ladder <input type="checkbox"/> Slippery / uneven floor surfaces <input type="checkbox"/> Protruding nails or sharp edges <input checked="" type="checkbox"/> Inadequate lighting on site <input type="checkbox"/> Blocked emergency exit routes <input type="checkbox"/> Unsecured heavy furniture / fixtures	<input checked="" type="checkbox"/> Exposed wiring / live cables <input type="checkbox"/> Overloaded power sockets <input type="checkbox"/> Missing fire extinguisher <input checked="" type="checkbox"/> Blocked fire assembly point <input type="checkbox"/> Flammable material near heat source <input type="checkbox"/> Faulty electrical equipment in use	<input type="checkbox"/> Exposed wiring / live cables <input checked="" type="checkbox"/> Overloaded power sockets <input type="checkbox"/> Missing fire extinguisher <input type="checkbox"/> Blocked fire assembly point <input checked="" type="checkbox"/> Flammable material near heat source <input type="checkbox"/> Faulty electrical equipment in use	<input type="checkbox"/> Poor ventilation / extreme temperature <input checked="" type="checkbox"/> Excessive noise levels on site <input type="checkbox"/> Inadequate sanitation / welfare facilities <input type="checkbox"/> Poor workspace arrangement (ergonomic risk) <input checked="" type="checkbox"/> Cluttered workstation / walkway <input type="checkbox"/> Other (specify in Section 3)

**SECTION 3 — DESCRIPTION OF UNSAFE CONDITION**

<b>Describe the condition observed in detail (include exact location, dimensions, duration)</b>
Description
<b>Who could be harmed and how?</b>
Anyone

**SECTION 4 — RISK RATING (BEFORE & AFTER CONTROL)**

	Likelihood (1-5)	Severity (1-5)	Risk Score (L x S)	Rating
<b>BEFORE CONTROL</b>	2	2	4	<input type="radio"/> Low <input checked="" type="radio"/> Med <input type="radio"/> High
<b>AFTER CONTROL</b>	1	1	1	<input checked="" type="radio"/> Low <input type="radio"/> Med <input type="radio"/> High

**SECTION 5 — HIERARCHY OF CONTROLS APPLIED**

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

**SECTION 6 — CORRECTIVE ACTION PLAN**

#	Corrective Action	Responsible	Due Date	Status
1	Action 1	Responsible 1	03-Mar-2026	Open

**SECTION 7 — PHOTOGRAPHIC / DOCUMENTARY EVIDENCE**

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: _____ Sign: _____ Date: _____	Name: _____ Sign: _____ Date: _____	Name: _____ Sign: _____ Date: _____

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