

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

SECTION 1 — IDENTIFICATION & REPORTING DETAIL

UA Report No.	c97fa624-008a-4df0-a408-566238ddb127	Date Observed	31-Mar-2026 12:00:00 AM	Time	18:30
Project / Site	Oak Leaf	Location / Area			
Observed By		Department			

SECTION 2 — PERSON(S) INVOLVED

#	Name	Employee ID	Designation	Contractor / Staff
1				

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

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

SECTION 4 — RISK SEVERITY ASSESSMENT

LIKELIHOOD	SEVERITY	RISK RATING	IMMEDIATE ACTION TAKEN?
			<input type="checkbox"/> Yes – Work Stopped <input 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)
Potential consequence if not corrected

SECTION 6 — CORRECTIVE ACTION PLAN

#	Action Required	Responsible Person	Target Date	Status
1				

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.