

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

SECTION 1 — IDENTIFICATION & REPORTING DETAIL

UC Report No.	061f2343-0ed3-4675-8552-401954e4dd4a	Date Identified	31-Mar-2026 12:00:00 AM	Time	18:30
Project / Site	Oak Leaf	Location / Zone			
Reported By	267	Department			

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

PHYSICAL / STRUCTURAL	ELECTRICAL & FIRE	CHEMICAL / MATERIAL	ERGONOMIC / ENVIRONMENTAL
<input type="checkbox"/> Unstable scaffolding / ladder <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"/> Exposed wiring / live cables <input type="checkbox"/> Overloaded power sockets <input type="checkbox"/> Missing fire extinguisher <input 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 type="checkbox"/> Overloaded power sockets <input type="checkbox"/> Missing fire extinguisher <input 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"/> Poor ventilation / extreme temperature <input type="checkbox"/> Excessive noise levels on site <input type="checkbox"/> Inadequate sanitation / welfare facilities <input type="checkbox"/> Poor workspace arrangement (ergonomic risk) <input type="checkbox"/> Cluttered workstation / walkway <input type="checkbox"/> Other (specify in Section 3)

SECTION 3 — DESCRIPTION OF UNSAFE CONDITION

Describe the condition observed in detail (include exact location, dimensions, duration)

Who could be harmed and how?

SECTION 4 — RISK RATING (BEFORE & AFTER CONTROL)

	Likelihood (1-5)	Severity (1-5)	Risk Score (L x S)	Rating
BEFORE CONTROL	—	—	0	<input type="radio"/> Low <input type="radio"/> Med <input type="radio"/> High
AFTER CONTROL	—	—	0	<input type="radio"/> Low <input type="radio"/> Med <input type="radio"/> High

SECTION 5 — HIERARCHY OF CONTROLS APPLIED

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

SECTION 6 — CORRECTIVE ACTION PLAN

#	Corrective Action	Responsible	Due Date	Status
1				

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.