

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

SECTION 1 — IDENTIFICATION & REPORTING DETAIL

UC Report No.	aec58b23-4cd1-45fd-be95-8ab15b3f86a8	Date Identified	30-Mar-2026 12:00:00 AM	Time	18:30
Project / Site	Vicco	Location / Zone	Hyderabad		
Reported By	267	Department	Testing		

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 type="checkbox"/> Inadequate lighting on site <input checked="" 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 checked="" 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 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 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)

This is a sample text created for testing purposes to validate input fields and ensure proper handling of medium-length content within the application. It helps in checking whether the system correctly stores, displays, and processes the entered data without any issues such as truncation, formatting errors, or performance delays. This text can also be used to verify UI behavior like text wrapping, scrolling, and responsiveness across different devices and screen sizes. Additionally, it ensures that validation rules, such as character limits and mandatory field checks, are functioning as expected.

Who could be harmed and how?

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SECTION 4 — RISK RATING (BEFORE & AFTER CONTROL)

	Likelihood (1-5)	Severity (1-5)	Risk Score (L × S)	Rating
BEFORE CONTROL	2	5	10	<input type="radio"/> Low <input checked="" type="radio"/> Med <input type="radio"/> High
AFTER CONTROL	1	3	3	<input type="radio"/> Low <input type="radio"/> Med <input checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/> N/A
4 – Administrative	4 – Administrative: Signage, SOP, training, work rotation, permits	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
5 – PPE	5 – PPE: Gloves, goggles, hard hat, safety shoes, masks	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

SECTION 6 — CORRECTIVE ACTION PLAN

#	Corrective Action	Responsible	Due Date	Status
1	Immediate	Yes	31-Mar-2026	Open
2				
3				
4				
5				

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: _____	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.