

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

**SECTION 1 — IDENTIFICATION & REPORTING DETAIL**

<b>UC Report No.</b>	9ef966d9-ff12-41f9-89b8-1789f1580821	<b>Date Identified</b>	25-Mar-2026 04:00:00 AM	<b>Time</b>	22:30
<b>Project / Site</b>	Garcon Point	<b>Location / Zone</b>			
<b>Reported By</b>	11580	<b>Department</b>			

**SECTION 2 — PERSON(S) INVOLVED**

SECTION 3 — CATEGORY OF UNSAFE ACT (Tick all applicable)	PERSONAL BEHAVIOUR	USE OF EQUIPMENT / TOOLS	PROCEDURE & COMPLIANCE
<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 checked="" type="checkbox"/> Not wearing PPE (helmet, gloves, safety shoes) <input type="checkbox"/> Using mobile phone while working at height <input checked="" type="checkbox"/> Working under the influence of substances <input type="checkbox"/> Horseplay or distraction on site <input checked="" type="checkbox"/> Bypassing safety controls <input type="checkbox"/> Faulty electrical equipment in use	<input type="checkbox"/> Using damaged or defective tools <input checked="" type="checkbox"/> Incorrect use of ladders / scaffolding <input checked="" type="checkbox"/> Overloading equipment (shelving, trolleys) <input checked="" type="checkbox"/> Operating machinery without authorization <input type="checkbox"/> Improper handling of heavy furniture <input type="checkbox"/> Dust / fumes uncontrolled	<input checked="" type="checkbox"/> Not following SOP / method statement <input type="checkbox"/> Working in unauthorized area <input checked="" 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
{ "OptionId": 3, "OptionText": "Possible" }
SEVERITY
{ "OptionId": 3, "OptionText": "Moderate" }

**IMMEDIATE ACTION TAKEN?**

	Likelihood (1-5)	Severity (1-5)	Risk Score (L × S)	Rating
<b>BEFORE CONTROL</b>	Open Live Electric Wires	Electrocution of workers		<input type="radio"/> Low <input type="radio"/> Med <input type="radio"/> High
<b>AFTER CONTROL</b>	—	—	—	<input type="radio"/> Low <input type="radio"/> Med <input type="radio"/> High

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

#	Corrective Action	Responsible	Due Date	Status
1				
2				
3				
4				
5				

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: _____	Ref No: _____	Ref No: _____

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.**