

☐ **UNSAFE ACT OBSERVATION REPORT** ☐

ISO 45001:2018 | Clause 8.1 – Operational Planning and Control

SECTION 1 — IDENTIFICATION & REPORTING DETAIL

UA Report No.	36ad8fff-a374-472e-889e-b87b8c434e42	Date Observed	25-Mar-2026 12:00:00 AM	Time	18:30
Project / Site	Oak Leaf	Location / Area	Electrical Substation - Zone 4		
Observed By	Lakshman	Department	Maintenance & Operations		

SECTION 2 — PERSON(S) INVOLVED

#	Name	Employee ID	Designation	Contractor / Staff
1	R. Sharma	EVP-8821	Electrician	Staff
2	J. Doe	CON-504	Helper	Contractor
3				

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

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

SECTION 4 — RISK SEVERITY ASSESSMENT

LIKELIHOOD	SEVERITY	RISK RATING	LIKELIHOOD
			<input checked="" type="checkbox"/> Rare <input type="checkbox"/> Unlikely <input type="checkbox"/> Possible

SEVERITY

Negligible
False

Minor
True

RISK RATING

#	Action Required	Responsible Person	Target Date	Status
1				
2				
3				
4				

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.