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|  | <b>SITE SAFETY OBSERVATION FORM</b> |                           |                        | Page 1 of 6    |
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|  |     |                          |    |                          |  |  |     |                          |    |
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|  |     |                          |    |                          |  |  |     |                          |    |
|  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |  |  | YES | <input type="checkbox"/> | NO |


| S. No | MAIN POINTS TO BE VERIFIED  | YES                      | NO                       | N/A                      | COMMENTS |
|-------|-----------------------------|--------------------------|--------------------------|--------------------------|----------|
| 1.    | Doing Unsafe Act            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2.    | Working In Unsafe Condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3.    | Working In Unsafe Position  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4.    | Working At Unsafe Speed     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 5.    | Working Without Authority   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 6.    | Damaged                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 7.    | Not Right for The Job       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 8.    | Unauthorized Use            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 9.    | Tool Can Fall               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10.   | Used In Unsafe Manner       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 11.   | Not Available               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 12.   | Not Used/not Issued         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 13.   | Damaged                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 14.   | Not Fit For Job             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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|  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |  |  | YES | <input type="checkbox"/> | NO |

|     |  |                          |                          |                          |  |
|-----|--|--------------------------|--------------------------|--------------------------|--|
| 15. | Not As Stipulated in Permit  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|     |  |                          |                          |                          |  |
| 16. | Working Without Permit   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 17. | Permit Not Valid   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 18. | Insufficient For Activity  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 19. | Documents Deficiency   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 20. | AC sub-contractor has checked foundation, pedestals and approval obtained. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 21. | Installation of rainwater outlet as per drawing & specification.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 22. | Lightning protection is as per the drawing.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|     |  |                          |                          |                          |  |
| 23. | Access And Egress Not Safe   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 24. | Protection Not Approved  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 25. | Scaffold Not Inspected   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 26. | Falling Objects Not Observed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 27. | Fall Hazards Not Identified  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|     |  |                          |                          |                          |  |
| 28. | Not Followed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 29. | Wrong Procedure for Work   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |




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|  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |  |  | YES | <input type="checkbox"/> | NO |


|     |                          |                          |                          |                          |  |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 30. | Not Informed to Worker   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|     |                          |                          |                          |                          |  |
| 31. | Not Color Coded          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 32. | No Inspection Sticker    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 33. | Leaks/not Earthed        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 34. | Damaged/not Sited Safely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 35. | Wrong Use                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|     |                          |                          |                          |                          |  |
| 36. | Stacked Unsafely         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 37. | Material Falling Hazard  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 38. | Excessive                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 39. | Not Properly Protected   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 40. | Not Segregated           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|     |                          |                          |                          |                          |  |
| 41. | Not Approved             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 42. | Not Appropriate          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 43. | Not Removed              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 44. | Excessive                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 45. | Wrongly Placed           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |



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|  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |  | YES | <input type="checkbox"/> | NO |

|     |                            |                          |                          |                          |  |
|-----|----------------------------|--------------------------|--------------------------|--------------------------|--|
| 46. | Not Available              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 47. | Not Appropriate            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 48. | Did Not Brief Worker       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 49. | Lacks Safety Understanding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 50. | Not Proactive/observant    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 51. | Access And Egress Not Safe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 52. | Unsafe Working Conditions  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 53. | Overlapping Works          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 54. | No Coordination            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 55. | Hazards Overlooked         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 56. | Not Identified             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 57. | Not Controlled             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 58. | Not Informed to Worker     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 59. | Noise                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 60. | Contaminated Soil          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

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|  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |  |  | YES | <input type="checkbox"/> | NO |

|     |                         |                          |                          |                          |  |
|-----|-------------------------|--------------------------|--------------------------|--------------------------|--|
| 61. | Hazardous Atmosphere    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 62. | Hazardous Posture       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 63. | Waste Segregation       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 64. | Disorderliness          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 65. | Domestic Waste          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 66. | sanitary Waste          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 67. | Overexertion            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 68. | Temperature             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 69. | Non-hazardous Waste     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|     |                         |                          |                          |                          |  |
| 70. | Wood With Nails         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 71. | Surplus Const. Material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 72. | Cable Management        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 73. | Hand Tools on Ground    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 74. | Unclean                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

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|  |     |                          |    |                          |  |  |     |                          |    |
|  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |  |  | YES | <input type="checkbox"/> | NO |

|   |  |
|---|--|
| Observation Area:                                     |  |
| Observation Details:                                  |  |
| Immediate Action Details:                             |  |
| Confirmation Of Corrective Action:                    |  |
| <b>Implementation:</b>                                |  |
| <input type="checkbox"/> On The Spot                  |  |
| <input type="checkbox"/> Next Site Visit              |  |
| <input type="checkbox"/> Others                       |  |
| Comments Of This Department/department Head:          |  |
| Other Issue Not Covered by The Card (Please Specify): |  |