

Logo	Safety Observation & Suggestion Form	Doc Ref #: XYZ/IMS/QHSE/F/00 Issue Date: DD-MM-YYYY Rev #: 00 Page 1 of 3
	QHSE Forms	
	Organization Name	

Observation Form. #: _____

Observed By		Observer ID		
Time & Date		Action Status	Closed <input type="checkbox"/>	In Progress <input type="checkbox"/>
Location		Site Name		
Unsafe Act <input type="checkbox"/>	Unsafe Condition <input type="checkbox"/>	Near Miss <input type="checkbox"/>	Suggestion <input type="checkbox"/>	

Activity Description
Description of Unsafe Act/ Unsafe Condition/ Near Miss/ Suggestion
Immediate Action
Preventive/ Corrective Actions Suggested

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Observation Details		
<input type="checkbox"/> Lifting & Rigging	<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Grating
<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Power Tools	<input type="checkbox"/> Vehicle Loading & Unloading
<input type="checkbox"/> Road Safety	<input type="checkbox"/> Permit To Work	<input type="checkbox"/> Gas Cylinder Handling
<input type="checkbox"/> Welding	<input type="checkbox"/> Blowing	<input type="checkbox"/> Work At Height (WAH)
<input type="checkbox"/> Grinding	<input type="checkbox"/> Flushing	<input type="checkbox"/> Confined Space Activity
<input type="checkbox"/> Cutting	<input type="checkbox"/> Test Activity	<input type="checkbox"/> Access/Egress Activity
<input type="checkbox"/> Test Activity	<input type="checkbox"/> Chemical Handling Activity	<input type="checkbox"/> Hole/ Opening In Surface
<input type="checkbox"/> Blasting	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Barricades Missing
<input type="checkbox"/> Poor Supervision	<input type="checkbox"/> Unprotected Excavation	<input type="checkbox"/> Safety Signs Missing
<input type="checkbox"/> Lifting Equipment	<input type="checkbox"/> Electrical Activity	<input type="checkbox"/> Lighting Issues
<input type="checkbox"/> Lock Out/ Tag Out	<input type="checkbox"/> Insulation	<input type="checkbox"/> Fire Safety

Personal Protective Equipment Required		
<input type="checkbox"/> Feet	<input type="checkbox"/> Hand	<input type="checkbox"/> Cover All
<input type="checkbox"/> Goggles	<input type="checkbox"/> Head Protection	<input type="checkbox"/> Ear Plugs
<input type="checkbox"/> Respirator	<input type="checkbox"/> Face Protection	<input type="checkbox"/> Fall Protection/ Harness

1. Suggestions

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Prepared By	Approved By