Logo	Safety Observation & Reporting (SOR) Form	Doc Ref #: XYZ/IMS/HSE/F/00 Issue Date: DD-MM-YYYY Rev #: 00
	QHSE Forms	
	Organization Name	

SOR Sr. #: _____

Observed On		**Observed By**	
Reported On		**Reported To**	
Project ID/Ref		**Location/Site**	

Type	Unsafe Action ☐	Unsafe Condition ☐	Safety Violation ☐	Violence at Site ☐

Observation Details – *Describe the whole detail*

Situation Condition	Low ☐	Medium ☐	High ☐
Action Taken to correct the hazard? *(if yes, describe the actions taken below)*		Yes ☐	No ☐

Involved Persons			Involved Equipment & Tools	
S/#	**Name**	**Designation**	**Equipment**	**Tool**
1				
2				
3				
4				
5				

Further action required?	Yes ☐	No ☐

Reported By		Report Received By	
Name		**Name**	
Job Title		**Job Title**	
Date/Time		**Date/Time**	
Department		**Department**	

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Signature		Signature	