LOGO	Weekly Inspection Statistics Report	**Doc Ref #**: XYZ/IMS/QHSE/F/00 **Issue Date**: DD-MM-YYYY **Rev #**: 00 Page **1** of **3**
	QHSE Forms	
	Organization Name	

Project Name			**Project Ref #**	
Site Name			**Location**	
Duration	From	To	**Report Date**	

Elements Checked Throughout Week			
Onsite Welfare Facilities		Entry/ Exit Points	
Personal Protective Equipment PPEs		Emergency Equipment	
COSHH		Communication Mechanism	
Monitoring & Supervision Procedure		Onsite Traffic Management	
Onsite Excavation, Trench, Digging Process		Plan Inspection	
Worksite		Lifting Accessories	
Lifting Crane		Confined Space	
Permit to Work - PTW		Temporary Work	
Edge/ Open Holes Protection		Environmental Problems	
Material Storage		Waste Management	
Toolbox Talks		Fire Prevention	
Power Tools		Handheld Tools	
Manual Handling		Lifting Equipment E.G., Trolley, Hoist Etc.	
Vibration		Ladder	
Scaffolding		Mobile Elevated Work Platform – MEWP	
Personal Fall Arrest System PFAS/ Harness		Site Safety Induction	
Barricades Usage		Noise Control	
Worker’s Training		Safety Signs & Warning Signs	
Bench Mounted Cutting Saw		Shelter Facilities	
Hygiene & Dinning Facilities		Cleanliness & Sanitary	
Cutting Work Activities & Equipment		Welding Work Activities & Equipment	
Sandblasting Activities & Equipment		Grinding Activities & Equipment	
Eye Wash Facilities		First Aid Facilities & First Aid Room	
Others			

Weekly Performed Inspection Statistics

S/#	Topics	Correct	Wrong	Not Applicable	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Total				%Percentage

Weekly Inspection Findings & Recommended Actions

Topic	Observed	Evidence Ref #	Rectify within 24/48/72 Hrs	Status Open/ Close

Prepared By	Approved By