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| 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 | | | |
| | | | |

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| 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 | Status |
| | | | 24/48/72 Hrs | Open/ Close |
| | | | | |
| | | | | |
| | | | | |
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| Prepared By | Approved By |
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