



Guidelines For Developing HSE Plan For Building and Construction Sector

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Announcement

To all Building and Construction Consultancy Offices

The Municipality of Abu Dhabi City invites all Consultant Offices operating in the Building & Construction Sector to observe the following:

- All contractors are obliged to prepare and submit Health, Safety & Environment (HSE) plans or their projects.
- HSE plans to be approved by the consultant.
- HSE plans have to be added to the requisites of obtaining permits for starting construction and infrastructure works.
- This requirement has been put into effect as of 26/12/2010.
- The guidelines for Developing HSE Plans can be downloaded from ADM website
- For inquiries please contact us on: hse@adm.gov.ae or call the Municipality's toll-free number 02-6788888

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Introduction:

With reference to the Municipality of Abu Dhabi City policy and the vision of Department of Urban Planning and Municipalities, the Abu Dhabi City Municipality and based on Abu Dhabi – OSHAD-System Framework is keen to support and assist consultants, contractors and developers in building and construction sector to establish and develop their HSE plans. This would improve the efforts and measures to maintain high standards of HSE at construction projects in order to protect people, assets and environment.

This booklet contains the basic elements for developing Health, Safety, and Environment (HSE) plan. The implementation of the HSE plan will enhance the HSE standards to achieve best levels of health, safety, and environment compliance in construction sites in Abu Dhabi City.

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1.0 Project Details:

Name of the Project

Name of the Client/ Developer

Name of the Consultant

Name of the Principal Contractor

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2.0 Project Brief Description and Project Layout

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3.0 HSE Management Requirements:

3.1 Leadership & Commitment:

Define how senior management lead by example and demonstrate commitment through participation & communication with employees on EHS issues.

3.2 HSE Policy:

- Includes commitment towards continual improvement.
- Contains commitment to comply with applicable current legislations & other requirements.
- It should be signed by the top management.

3.3 Organization, Roles & Responsibilities:

- Project & HSE organizational chart.
- HSE personnel roles & responsibilities.
- Management of subcontractors and suppliers.
- Project key personnel & their contacts

3.4 Communication:

- Regular and periodic meetings.
- HSE alerts and notice boards.
- Rewards, incentives, recognition & discipline.

3.5 Training:

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- HSE induction.
- Toolbox talks.
- Special HSE training and awareness.

3.6 Site Inspection & Monitoring

3.7 Incidents Reporting & Investigation

3.8 Site HSE Rules & Instructions

3.9 Personal Protective Equipment (PPE)

3.10 HSE Document Control & Recording System

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4.0 Planning:

4.1 Risk Management:

Identification of hazards, assessing the risks and specifying control measures.

4.2 Legal and Other Requirements:

EHS laws, regulations, codes of practice, etc.

4.3 Emergency Management and Evacuation Plan

4.4 Site Security Plan and Access Control.

4.5 Permit To Work (PTW)

4.6 Traffic Management Plan

How to manage detours, diversions, road closure and vehicles movement (refer to Traffic Engineering and Roads Safety Division and DOT procedures and guidelines).



5.0 Implementation & Operations

5.1 Occupational Health Arrangements

How to manage the risks by developing and implementing control measures for the following:

- Noise
- Vibration
- Temperature / heat stress
- Radiation (ionizing & non-ionizing radiation)
- Lighting & Ventilation
- Welfare facilities
- Hazardous substance
- Dust
- Biological agents
- Pets

(Refer to OSHAD SF relevant Codes of Practices & Technical Guidelines).



5.2 Safety Arrangements

How to manage risks by developing & implementing control measure in place for the following:

- Working at heights
- Scaffolds & ladders
- Cantilevers & platforms
- Formworks & structures
- Roofs
- Lifting equipment, lifting gears & lifting operations
- Excavations & trenches
- Confined Spaces
- Tunnels & Shafts
- Demolition
- Piling
- Electrical equipment & electrical systems
- Electrical & gas welding
- Gas cutting
- Hazardous materials
- Fire
- Working overwater or adjacent to watercourse (Sea, lake or water channel)
- Vehicles & mobile equipment & mechanical system

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- Machinery, Mechanical Equipment, & Mechanical System.
- Portable tools (electrical , pneumatic & hand tools)
- Segregation of pedestrians from vehicles & moving equipment
- Manual handling
- Falling objects
- Slips, trips , & falls
- Housekeeping
- Animals & reptiles
- Violence

(Refer to OSHAD SF relevant Codes of Practices, Standards & Guideline Values, & Technical Guidelines).



5.3 Environmental Arrangements

How to manage the environmental aspects and impacts by developing & implementing control measures for the following:

5.3.1 Waste Management :

Include appropriate control measures for collection, segregation and disposal for the waste with conformance of Abu Dhabi Waste Management Center procedures & Guidelines & OSHAD SF relevant Codes of Practices.

- Hazardous waste
- Non-Hazardous waste

5.3.2 Soil Water-Courses & Groundwater Pollution

Protection:

- Containment areas (bounding) for oil, fuel or chemicals storage tanks
- Washing area for concrete mixing trucks and pumps
- Dripping trays for machinery, equipment and trucks
- Oil spill combating kits or materials

(Refer to Abu Dhabi Environment Agency - EAD guidelines, & regulations).



5.3.3 Air Pollution Protection:

- Dust suppression program
- Air emission (periodic maintenance programs for the engines of vehicles, trucks, equipment, plants, machinery, etc.).



6.0 Audit & Review:

Contractor shall define the basis under which internal & external HSE auditing and management reviews will be conducted.

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7.0 Appendices:

7.1 Checklist:

(not required submission to the municipality, just for guidance).

7.2 Risk Assessment:

(required to be submitted to the ADM EHS Division attached with the HSE plan).

7.3 OSH Performance Quarterly Report:

(required to be submitted quarterly by the high risk registered entities with approved OSHMS to ADM EHS Division via Al Adaa electronic system. Please refer to OHSAD SF Mechanism 6.0)

7.4 Incidents Reports:

(required to be submitted by the OSHAD SF registered entities to ADM EHS Division via Al Adaa electronic system whenever there is reportable/serious incident using Form (G) for notification and Form (G1) for investigation. For those OSHAD SF non registered entities; they can notify ADM through the ADM Emergency Telephone No. **933**. Please refer to OHSAD SF Mechanism 11.0)

7.5 HSE Induction Training:

(not required submission to ADM EHS Division, just for guidance).

7.6 Toolbox Talks:

(not required submission to ADM EHS Division, just for guidance).

NB: All HSE records should be kept on site and shown when requested.

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8.0 Forms:

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OSH Quarterly Performance Report (Form E):
(PDF copy is available)

Form E

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ABU DHABI OCCUPATIONAL SAFETY AND HEALTH CENTER



General Information				
Classification Code:		Registration Number:		
Name of Entity:			OSHMS Approval Date:	
Address of Entity:			Telephone Number	
Contact Details of Authorized Person:	Name:			
	E-mail:		Telephone Number	
Number of Employees:		Working Hours Performed this Quarter*		
*Working Hrs. = No. of employees x working hrs. x No. of workdays (This simple formula is to be used only if no accurate mechanism available)				
Reporting Period:	Year:	<input type="checkbox"/> Q1 (Jan-Mar)	<input type="checkbox"/> Q2 (Apr-Jun)	<input type="checkbox"/> Q3 (Jul-Sep) <input type="checkbox"/> Q4 (Oct-Dec)

ص ب:

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P.O.B



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Form E

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KPI 2-06 Number of Near Miss & First Aid Cases for Entity:	Near Miss	First Aid Cases

Occupational Health & Safety Performance Summary for Contractors
(hired by or working for Entity but not Nominated currently with any concerned SRA/does not fall under any current Sector).

KPI 3-01 Total Incidents (From Non-Nominated Contractor) (total No. of incidents that occurred during the reporting quarter)	
Contractor (s) Employees Injuries & Illness Consequences	No.
Lost Time Injuries	
Fatality	
Permanent Total Disability	
Permanent Partial Disability	
Lost Workdays Cases	
a) Lost Workdays Injuries	
b) Lost Workdays Occupational Illness	
Restricted Workday Case	
Medical Treatment Case	
Total Consequences (Summation of Injuries, illnesses and other Consequences)	

KPI 3-02 Number of Near Miss & First Aid Cases for Contractors:	Near Miss	First Aid Cases

KPI 3-03 Number of Monitoring Activities Performed on Contractor(s) / Supply Chain by Entity (nominated/ non-nominated):	Total No. of Contractors	Inspections Performed on Contractors
	Review / Approval of Contractor OSH Procedures.	Contractor Incidents Investigated by Entity.
	Specific Requirement / Part System Audit Performed on Contractors	Corrective Notices Issued to Contractors:
	Full OSHMS Audit Performed on Contractor	Breach Notices Issued to Contractors:

Consequences Summary for Other Persons (Visitors, Students, Hotel Guests, Passengers, etc.)

KPI 4-01 Number of Fatalities & Injuries for other Persons:	Total consequences (Summation of Fatalities & Injuries)
	Fatality
	Other Injuries

KPI 4-02 Number of Near-Miss & First Aid Cases for other Persons:	Near Miss	First Aid Cases

OSH Resources, OSHMS Development, Implementation and Enforcement Summary for Entity

KPI 5-01- OSH Resources (Cumulative)	Number of OSH Employees	Number of OSH Nationals Employees	$\frac{\text{No. of OSH Nationals Employees} \times 100}{\text{Number of OSH Employees}}$
	Number of OSH Employees that passed the OSHAD-SF Practitioner Course	Number of OSH Employees Registered at Qudorat till date	

دائرة البلديات والنقل
DEPARTMENT OF MUNICIPALITIES
AND TRANSPORT
بلدية مدينة أبوظبي
ABU DHABI CITY MUNICIPALITY



Form E

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KPI 5-02 Average Number of Training Hours per Employee	Number of OSH Training Hours Undertaken	<u>No. of OSH Training Hours undertaken by Employees</u> Total No. of Employees

No. of Participants	Title	Training Level	Training Provider	Training Hours

Note: Additional information can be attached on a separate sheet if required

KPI 5-03 Third Party OSHMS Compliance Audit	Annual 3 rd Party OSHMS Compliance Audit conducted <u>during this quarter</u> and form F submitted (YES/NO) If YES, include date of audit	
---	---	--

KPI 5-04 Number of Corrective Notices (warning notices, improvement notices) received from the SRA as a result of non-compliance to OSHMS requirements	Number of warning notices received:	
	Number of improvement notices received:	
	Number of prohibition notices received:	

KPI 5-05 Number of Breach Notices (fines / penalties / enforceable undertakings) received from the SRA as a result of non-compliance to OSHMS requirements	Number of fines / penalties received:	
	Number of enforceable undertakings (entity's commitment to spend money to rectify OSHMS non-compliance):	
	Total value of all fines / penalties/ enforceable undertakings enforced (AED):	

Declaration

I declare that all information provided in this document is true, correct and complete.

Signature of the CEO / MD: (Top Manager):		Official Stamp:	
Date: (DD/MM/YYYY)	___/___/___		

Official Use

Remarks:

Relevant Authority Stamp	Entered into Database by:
	Name:
	Signature:
	Date: (DD/MM/YYYY) ___/___/___
	Reviewed by:
	Name:
	Signature:
	Date: (DD/MM/YYYY) ___/___/___



Serious OSH Incident Notification Form (FORM G): (PDF copy is available)

Form G

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Notification To:

Notification Date:
(DD/MM/YYYY)

To be submitted to the concerned Sector Regulatory Authority a) for fatalities within 24 hrs. of incident and b) for other Serious Incidents within maximum of 3 working days from the date of incident.

1. Reporting Entity Information:		Incident No. (for official use by SRA)	
Name of Entity:			
Sector:		Classification Code:	
Registration Number:			
Address of Entity:			
Authorized Contact Person:		Email Address:	
Telephone Number:		Mobile Number:	

2. Reporting on behalf of a Non-Nominated Contractor (hired by or working for Entity but not Nominated currently with any concerned SRA/does not fall under any current Sector).		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Contractor:			
Type of Business:			
Address:			

3. Incident Information				
DD/MM/YYYY			Time (24 hr):	
Type of Incident:	<input type="checkbox"/> Fatality	<input type="checkbox"/> Serious Dangerous Occurrence	<input type="checkbox"/> Serious Injury	<input type="checkbox"/> Serious Occupational Illness
Other Consequences resulting from this incident	<input type="checkbox"/> Restricted Workday Case	<input type="checkbox"/> Medical Treatment Case	<input type="checkbox"/> First Aid Cases	<input type="checkbox"/> Equipment / Property Damage
Incident Description: (Attach additional pages if required)				
Incident Location on Site:				
Incident Workplace Address:				
Region where incident occurred:	<input type="checkbox"/> Abu Dhabi	<input type="checkbox"/> Al Ain	<input type="checkbox"/> Western region	
Applicable Reports:	<input type="checkbox"/> Police	<input type="checkbox"/> Medical	<input type="checkbox"/> Other (Specify)	
Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Injury Type based on Immediate Judgment of the Severity:	
The actual severity and consequences of the notified injury based on diagnosis by licensed health care professional and supported by medical report shall be reported in the incident investigation report to the SRA (Form G1) as well as in the entity performance report to the SRA (Form E/E2).	
<input type="checkbox"/> Injury causing the affected person temporarily unable to perform any regular job or restricted work activity on a subsequent scheduled workday or shift	
<input type="checkbox"/> Immediate medical treatment of the injured person(s) as an in-patient in a hospital;	
<input type="checkbox"/> Medical treatment of the injured person(s) within 48 hours of exposure to a substance;	
Immediate medical treatment of the injured person(s) for:	
<input type="checkbox"/> fracture (not including fingers or toes)	<input type="checkbox"/> electric shock or electrical burn;
<input type="checkbox"/> loss of a distinct part or organ of body including the amputation of any part of body;	<input type="checkbox"/> serious burns due to thermal and chemical agents;
<input type="checkbox"/> loss of consciousness and/or requiring resuscitation;	<input type="checkbox"/> entrapment of a body part in machinery / equipment / plant
<input type="checkbox"/> a serious head injury;	<input type="checkbox"/> a spinal injury;
<input type="checkbox"/> a serious eye injury including loss of sight (temporary or permanent);	<input type="checkbox"/> dislocation of joints
<input type="checkbox"/> exposure to a hazardous material;	<input type="checkbox"/> the loss of bodily function; and
	<input type="checkbox"/> Serious laceration



Form G

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ABU DHABI OCCUPATIONAL SAFETY AND HEALTH CENTER

أوشاد
oshad

<input type="checkbox"/> the separation of skin from any underlying tissue (such as scalping or de-gloving);	<input type="checkbox"/> Other
--	--------------------------------

5. Injury Severity known at the time of Incident
The actual severity and consequences of the notified injury based on diagnosis by licensed health care professional and supported by medical report shall be reported in the incident investigation report to the SRA (Form G1) as well as in the entity performance report to the respective SRA (Form E/E2).

<input type="checkbox"/> Fatality
<input type="checkbox"/> Permanent Total Disability
<input type="checkbox"/> Permanent Partial Disability
<input type="checkbox"/> Lost Workdays Injury
<input type="checkbox"/> Lost Workdays Occupational Illness

6. Injured Person's Personal Details (For Injuries):
In case of an incident with more than one injured person, complete the information for each person using separate forms

Name:	Occupation:
Relationship with Entity: <input type="checkbox"/> Entity Employee	<input type="checkbox"/> Contractor Employee <input type="checkbox"/> Other Person (e.g. Visitor,)
Nationality:	Date of Birth:
Passport Number:	Length of Service: ___ Years ___ Months
Contact Phone Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

7. Actions Taken Immediately after the Incident:
(Attach additional pages if more space is required)

No.	Actions	Responsibility	Status
1.			
2.			
3.			

Declaration by Reporting Entity:
I declare that all information provided in this document is true, correct and complete.

Signature of the Authorized Contact Person :	Official Stamp:
Date : (DD/MM/YYYY)	

Official Use by SRA

Requires Reporting to OSHAD: <input type="checkbox"/> Yes <input type="checkbox"/> No	Requires SRA Investigation / Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	

Relevant Authority Stamp	Entered into Database by:
	Name:
	Signature:
	Date: (DD /MM /YYYY)
	Reviewed by:
	Name:
	Signature:



Serious OSH Incident Investigation Report (FORM G1): (PDF copy is available)

Form G1

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Appropriate Investigation to be completed as per Mechanism 11.0

To be completed and submitted to SRA as soon as practicable

Maximum 30 Calendar Days from Date of Incident - For all Serious Incidents notified to SRA by Form G

Reporting To:		Reporting Date: (DD/MM/YYYY)	
Part A – Incident Information (as notified in Form G)			
1. Reporting Entity Information:		Incident No. (for official use by SRA)	
Name of Entity:			
Sector:		Classification Code:	
Registration Number:			
Address of Entity:			
Authorized Contact Person:		Email Address:	
Telephone Number:		Mobile Number:	
2. Reporting on behalf of a Non-Nominated Contractor (hired by or working for Entity but not Nominated currently with any concerned SRA/does not fall under any current Sector):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Contractor:			
Type of Business:			
Address:			
3. Incident Information:			
Date of Incident: (DD/MM/YYYY)		Time (24 hr):	
Incident Type:			
Lost Time Injuries	<input type="checkbox"/> Fatality		
	<input type="checkbox"/> Permanent Total Disability		
	<input type="checkbox"/> Permanent Partial Disability		
	<input type="checkbox"/> Lost Workdays Injury		
	<input type="checkbox"/> Lost Workdays Occupational Illness		
<input type="checkbox"/> Serious Dangerous Occurrence			
4. Incident Details:			
Brief description of the main circumstances leading to the Incident: (Attach additional pages if requires)			
Incident Location on Site:			
Incident Workplace Address			
Region where incident occurred:	<input type="checkbox"/> Abu Dhabi	<input type="checkbox"/> Al Ain	<input type="checkbox"/> Western region
Applicable Reports:	<input type="checkbox"/> Police	<input type="checkbox"/> Medical	<input type="checkbox"/> Investigation report and Photos <input type="checkbox"/> Other (Specify)
Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Injured Person's Personal Details (For Injuries): In case of an incident with more than one injured person, complete the information for each person using separate forms			

Form G1

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Nationality:		Date of Birth:	
Passport Number:		Length of Service:	____ Years ____ Months
Contact Phone Number:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Part B – Incident Investigation Summary

1. Incident Causes Details: To be supported with the incident investigation report

Immediate Cause (Unsafe Act)	<input type="checkbox"/> Failure to secure	<input type="checkbox"/> Operating equipment without authority	
	<input type="checkbox"/> Failure to warn	<input type="checkbox"/> Servicing equipment in operation	
	<input type="checkbox"/> Removing / Defeating Safety Devices	<input type="checkbox"/> Using defective equipment / tools	
	<input type="checkbox"/> Failure to use PPE properly	<input type="checkbox"/> Using equipment improperly	
	<input type="checkbox"/> Operating at improper speed	<input type="checkbox"/> Improper lifting/ loading/ placement	
	<input type="checkbox"/> Lack of awareness / knowledge	<input type="checkbox"/> Improper position for task	
	<input type="checkbox"/> Lack of attention / concentration	<input type="checkbox"/> Horseplay (practical joke with harmful impacts)	
	<input type="checkbox"/> Violation / taking shortcuts	<input type="checkbox"/> Others _____	
		<input type="checkbox"/> Inadequate guards or barriers	<input type="checkbox"/> Inadequate or improper protective equipment



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2. Injury Details: To be supported with diagnosis by Licensed Health Care Professional and/or Medical Report				
Nature of Injury / Illness:	<input type="checkbox"/> Abrasions / Bruising	<input type="checkbox"/> Amputation - Traumatic	<input type="checkbox"/> Bite / Sting	
	<input type="checkbox"/> Burn	<input type="checkbox"/> Concussion	<input type="checkbox"/> Crush / Internal Injury	
	<input type="checkbox"/> Cuts / Laceration / Open Wound	<input type="checkbox"/> Hearing Loss / Deafness	<input type="checkbox"/> Dislocation	
	<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Foreign Body under Skin	<input type="checkbox"/> Fracture	
	<input type="checkbox"/> Foreign Body in Eye	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Hemia	
	<input type="checkbox"/> Heat Related Illness	<input type="checkbox"/> Occupational Illness / Disease	<input type="checkbox"/> Musculoskeletal Disorder - Chronic / RSI	
	<input type="checkbox"/> Nerve / Spinal Cord Injury	<input type="checkbox"/> Psychological (Stress)	<input type="checkbox"/> Poisoning / Toxic Effect - Ingestion	
	<input type="checkbox"/> Poisoning / Toxic Effect - Inhalation	<input type="checkbox"/> Strain / Sprain	<input type="checkbox"/> Respiratory Disease	
	<input type="checkbox"/> Skin Irritation / Disease	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
Mechanism of Injury / Illness:	<input type="checkbox"/> Bite / Sting	<input type="checkbox"/> Biological Factors	<input type="checkbox"/> Cave-In or Collapse	
	<input type="checkbox"/> Chemicals / Substances / Radiation	<input type="checkbox"/> Drowning / Submersion	<input type="checkbox"/> Dust / Fumes / Gases	
	<input type="checkbox"/> Extreme Temperature / Fire	<input type="checkbox"/> Electricity	<input type="checkbox"/> Equipment / Property Damage	
	<input type="checkbox"/> Hit by Moving Object / Crush / Vehicle	<input type="checkbox"/> Manual Handling	<input type="checkbox"/> Fall from Height	
	<input type="checkbox"/> Occupational Violence	<input type="checkbox"/> Penetrating Injury (needle stick, puncture wound)	<input type="checkbox"/> Mental Stress	
	<input type="checkbox"/> Repetitive Motion	<input type="checkbox"/> Slip, Trip and Fall	<input type="checkbox"/> Sound / Pressure	
	<input type="checkbox"/> Struck by Falling Object	<input type="checkbox"/> Other Unspecified Mechanism:		
Agency / Source of Injury / Illness:	<input type="checkbox"/> Animal / Human	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Environmental Conditions	
	<input type="checkbox"/> Fixed Machinery / Plant	<input type="checkbox"/> Infectious Agent	<input type="checkbox"/> Materials or Chemical Substances	
	<input type="checkbox"/> Mobile Plant / Equipment	<input type="checkbox"/> Non-Powered Equipment / Tools / Appliances	<input type="checkbox"/> Scaffolding or Ladders	
	<input type="checkbox"/> Powered Equipment / Tools / Appliances	<input type="checkbox"/> Road Transport / Vehicles	<input type="checkbox"/> Other	
	<input type="checkbox"/> Sharps / Scalpels / Needles / etc.	<input type="checkbox"/> Trench or Excavations		
Bodily Location:	<input type="checkbox"/> Head / Neck	<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Ear	<input type="checkbox"/> Eye
		<input type="checkbox"/> Face (excluding eye)	<input type="checkbox"/> Forehead	<input type="checkbox"/> Mouth
		<input type="checkbox"/> Neck	<input type="checkbox"/> Nose	<input type="checkbox"/> Scalp / Skull
	<input type="checkbox"/> Trunk	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Back	<input type="checkbox"/> Genitals
		<input type="checkbox"/> Pelvis	<input type="checkbox"/> Spine	<input type="checkbox"/> Thorax
	<input type="checkbox"/> Upper Extremity	<input type="checkbox"/> Clavicle (Collar Bone)	<input type="checkbox"/> Elbow	<input type="checkbox"/> Fingers (other than Thumbs)
		<input type="checkbox"/> Forearm	<input type="checkbox"/> Hand	<input type="checkbox"/> Shoulder
	<input type="checkbox"/> Thumb	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Wrist	
<input type="checkbox"/> Lower Extremity	<input type="checkbox"/> Ankle	<input type="checkbox"/> Buttocks	<input type="checkbox"/> Foot	
	<input type="checkbox"/> Hip / Groin	<input type="checkbox"/> Knee	<input type="checkbox"/> Lower Leg	
	<input type="checkbox"/> Thigh	<input type="checkbox"/> Toes		
<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Arteries	<input type="checkbox"/> Brain	<input type="checkbox"/> Heart	
	<input type="checkbox"/> Intestines	<input type="checkbox"/> Kidney	<input type="checkbox"/> Liver	
	<input type="checkbox"/> Lungs	<input type="checkbox"/> Spleen	<input type="checkbox"/> Stomach	
<input type="checkbox"/> General	<input type="checkbox"/> Heat Related	<input type="checkbox"/> Occupational Illness	<input type="checkbox"/> Other:	



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3. Additional Information:

(additional information to complete the investigation as required by clause 5.4 of OSHAD-SF Mechanism 11.0 - to include information not already covered by Form G1.)

Max word count 200 words, further information to be provided in the form of an investigation report.

4. Actions Taken Immediately after the Incident:

(Attach additional pages if more space is required)

No.	Actions	Responsibility	Date Completed:
1.			
2.			
3.			

5. Incident Root Cause(s):

(Refer to Section 1. Attach additional pages if more space is required)

1.	
2.	
3.	

6. Corrective Actions to prevent Recurrence:

(Attach additional pages if more space is required)

No.	Actions:	Person Responsible:	Target Date
1.			
2.			
3.			

7. Incident Cost:

(Approximate / Best Estimate)

No.	Item / Area	Amount (Dhs.)
1.	<input type="checkbox"/> Injury Cost (Treatment, Hospital, Transport, Insurance, etc.)	
2.	<input type="checkbox"/> Legal Cost (Compensation claims, judicial prosecutions, etc. – Federal Law No. 8)	
3.	<input type="checkbox"/> Productivity Cost (Business disruptions, Delays, Production loss / day, Material, Salaries, etc.)	
4.	<input type="checkbox"/> Asset Cost (Property, Machinery, Equipment, Structure, Vehicle, etc. – Repair & Maintenance)	
5.	<input type="checkbox"/> Asset Cost (Property, Machinery, Equipment, Structure, Material, Vehicle, etc. – Replacement)	
6.	<input type="checkbox"/> Enforcement Action (Penalty Issued by Authority)	

OSHAD SF – Forms

Form G1 – Serious Incident Investigation – Version 3.1 – 19th April 2017

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7.	<input type="checkbox"/>	Incident Scene / Area Restoration Cost (arrangements to making safe, cleanup, etc.)	
8.	<input type="checkbox"/>	Other Cost relevant to / associated with the Incident	
9.		Total Cost	

8. Risk Assessment: (considering / implementing the post incident corrective actions and controls): Refer to OSHAD SF Technical Guideline on Process of Risk Management					
Probability:	<input type="checkbox"/> Rare	<input type="checkbox"/> Possible	<input type="checkbox"/> Likely	<input type="checkbox"/> Often	<input type="checkbox"/> Frequent
Severity of Consequence:	<input type="checkbox"/> Insignificant	<input type="checkbox"/> Minor	<input type="checkbox"/> Moderate	<input type="checkbox"/> Major	<input type="checkbox"/> Catastrophic
Level of Residual Risk:	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Extreme	

9. Declaration by Injured Person (If applicable / possible)			
I declare that all information provided in this document is true, correct and complete.			
Name of Injured Person or Representative:		Signature of Injured Person or Representative:	
Date : (DD/MM/YYYY)			

Declaration by Reporting Entity:			
<input type="checkbox"/> I declare that all information provided in this document is true, correct and complete. <input type="checkbox"/> Complete investigation report attached – as per Mechanism 11.0 – Incident Notification, Investigation and Reporting <input type="checkbox"/> Relevant evidence included / attached to report (e.g. Copies of Relevant Procedures, Permits to Work, Photos, Drawings, MSDS, Copy of Police Report, Copy of Medical Report, Interviews, etc.) <input type="checkbox"/> I declare that corrective actions listed in this form and/or the attached investigation report will be fully implemented in a timely manner			
Incident Investigation Status:	<input type="checkbox"/> Closed – Completed		<input type="checkbox"/> Report attached
Signature of the CEO / MD: (Top Manager)		Official Stamp:	
Date : (DD/MM/YYYY)			



Form G1

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اوشاد
oshad

Official Use by SRA			
Requires Reporting to OSHAD		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Requires SRA Investigation / Follow-up		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks:			
Relevant Authority Stamp		Entered into Database by:	
		Name:	
		Signature:	
		Date: (DD/MM/YYYY)	
		Reviewed by:	
		Name:	
		Signature:	
Date: (DD/MM/YYYY)			

Note: Personal information will not be disclosed to other parties without entity's consent unless required to do so by law



Non Serious OSH Incident Investigation Report (FORM G2): (PDF copy is available)

Form G2

مركز أبوظبي للصحة والسلامة المهنية
ABU DHABI OCCUPATIONAL SAFETY AND HEALTH CENTER



Appropriate Investigation to be completed as per Mechanism 11.0

All non-serious Incidents not requiring notification to SRA should be investigated and results recorded using this Form (G2)

Part A – Incident Information			
1. Reporting Entity Information			
Name of Entity:		Classification Code:	
Sector:			
Registration Number:			
Address of Entity:			
Authorized Contact Person:		Email Address:	
Telephone Number:		Mobile Number:	
2. Incident involving a Non-Nominated Contractor (hired by or working for Entity but not Nominated currently with any concerned SRA/does not fall under any current Sector):			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Contractor:			
Type of Business:			
Address:			
3. Incident Information:			
Date of Incident (DD/MM/YYYY)		Time (24 hr):	
Incident Type:			
<input type="checkbox"/> Restricted Work Case			
<input type="checkbox"/> Medical Treatment Case			
<input type="checkbox"/> First aid Injury			
<input type="checkbox"/> Equipment / Property Damage			
<input type="checkbox"/> Near-miss			
4. Incident Details:			
Brief description of the main circumstances leading to the Incident: (Attach additional pages if more space is required)			
Incident Location on Site:			
Incident Workplace Address:			
Medical Report: (if applicable)			

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5. Injured Person's Personal Details (For Injuries): <i>In case of an incident with more than one injured person, complete the information for each person using separate forms</i>			
Name:		Occupation:	
Relationship with Entity:	<input type="checkbox"/> Entity Employee	<input type="checkbox"/> Contractor Employee	<input type="checkbox"/> Other Person (e.g. Visitor.)
Nationality:		Date of Birth:	
Passport Number:		Length of Service:	___ Years ___ Months
Contact Phone Number:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Part B – Incident Investigation Summary	
1. Incident Causes Details: <i>To be supported with the incident investigation report</i>	
Immediate Cause (Unsafe Act)	<input type="checkbox"/> Failure to secure <input type="checkbox"/> Failure to warn <input type="checkbox"/> Removing / Defeating Safety Devices <input type="checkbox"/> Failure to use PPE properly <input type="checkbox"/> Operating at improper speed <input type="checkbox"/> Lack of awareness / knowledge <input type="checkbox"/> Lack of attention / concentration <input type="checkbox"/> Violation / taking shortcuts <input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Servicing equipment in operation <input type="checkbox"/> Using defective equipment / tools <input type="checkbox"/> Using equipment improperly <input type="checkbox"/> Improper lifting/ loading/ placement <input type="checkbox"/> Improper position for task <input type="checkbox"/> Horseplay (practical joke with harmful impacts) <input type="checkbox"/> Others _____
Immediate Cause (Unsafe Conditions)	<input type="checkbox"/> Inadequate guards or barriers <input type="checkbox"/> Inadequate warning system or notice <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Fire and explosion hazards <input type="checkbox"/> High / Low temperature exposure <input type="checkbox"/> Hazardous gases/dusts/vapors/fumes <input type="checkbox"/> Defective tools, equipment or materials <input type="checkbox"/> Others _____ <input type="checkbox"/> Inadequate or improper protective equipment <input type="checkbox"/> Inadequate or excess illumination <input type="checkbox"/> Congestion/ restricted action/ poor access <input type="checkbox"/> Poor housekeeping, disorder <input type="checkbox"/> Excessive noise exposure <input type="checkbox"/> Radiation exposure <input type="checkbox"/> Equipment failure
Root Causes (Personal factor)	<input type="checkbox"/> Physical Capability (Any sensory deficiency, inadequate size or strength or physical disabilities) <input type="checkbox"/> Mental State (poor judgment, memory failure, poor condition, fears or emotional disturbance) <input type="checkbox"/> Behavior (save time, avoids discomfort, improper supervisory, inadequate disciplinary process or inappropriate aggression) <input type="checkbox"/> Human Error <input type="checkbox"/> Physical Condition (previous injury/illness, Fatigue, blood sugar or Impairment due to drugs) <input type="checkbox"/> Skill Level (Inadequate required skill, lack of coaching on skill or infrequent performance of skill) <input type="checkbox"/> Mental Stress (Frustration, confusion/conflicting directions, emotional overload, extreme meaningless activities or concentration/judgment demands) <input type="checkbox"/> Others _____
Root Causes (System Factor)	<input type="checkbox"/> Inadequate Training / Knowledge transfer <input type="checkbox"/> Inadequate / Missing Work Procedures (SoP) <input type="checkbox"/> Inadequate Purchasing/Material handling <input type="checkbox"/> Inadequate Tools/Equipment <input type="checkbox"/> Inadequate Leadership Supervision <input type="checkbox"/> Inadequate Incident Investigation / Analysis <input type="checkbox"/> Inadequate Engineering / Design / Controls <input type="checkbox"/> Inadequate Maintenance



Form G2

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<input type="checkbox"/> Inadequate Risk Assessment / Management <input type="checkbox"/> Inadequate Contractor Management <input type="checkbox"/> Inadequate Management of Change <input type="checkbox"/> Others _____	<input type="checkbox"/> Inadequate Communication <input type="checkbox"/> Inadequate Planned Inspections <input type="checkbox"/> Inadequate Emergency Response Plan
--	---

2. Injury Details:

To be supported with diagnosis by Licensed Health Care Professional and/or Medical Report

Nature of Injury / Illness:	<input type="checkbox"/> Abrasions / Bruising	<input type="checkbox"/> Amputation - Traumatic	<input type="checkbox"/> Bite / Sting
	<input type="checkbox"/> Burn	<input type="checkbox"/> Concussion	<input type="checkbox"/> Crush / Internal Injury
	<input type="checkbox"/> Cuts/ Laceration / Open Wound	<input type="checkbox"/> Hearing Loss / Deafness	<input type="checkbox"/> Dislocation
	<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Foreign Body under Skin	<input type="checkbox"/> Fracture
	<input type="checkbox"/> Foreign Body in Eye	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Hernia
	<input type="checkbox"/> Heat Related Illness	<input type="checkbox"/> Occupational Illness / Disease	<input type="checkbox"/> Musculoskeletal Disorder - Chronic / RSI
	<input type="checkbox"/> Nerve / Spinal Cord Injury	<input type="checkbox"/> Psychological (Stress)	<input type="checkbox"/> Poisoning / Toxic Effect - Ingestion
	<input type="checkbox"/> Poisoning / Toxic Effect - Inhalation	<input type="checkbox"/> Strain / Sprain	<input type="checkbox"/> Respiratory Disease
	<input type="checkbox"/> Skin Irritation / Disease	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Mechanism of Injury / Illness:	<input type="checkbox"/> Bite / Sting	<input type="checkbox"/> Biological Factors	<input type="checkbox"/> Cave-In or Collapse
	<input type="checkbox"/> Chemicals / Substances / Radiation	<input type="checkbox"/> Drowning / Submersion	<input type="checkbox"/> Dust / Fumes / Gases
	<input type="checkbox"/> Extreme Temperature / Fire	<input type="checkbox"/> Electricity	<input type="checkbox"/> Equipment / Property Damage
	<input type="checkbox"/> Hit by Moving Object / Crush / Vehicle	<input type="checkbox"/> Manual Handling	<input type="checkbox"/> Fall from Height
	<input type="checkbox"/> Occupational Violence	<input type="checkbox"/> Penetrating Injury (needle stick, puncture wound)	<input type="checkbox"/> Mental Stress
	<input type="checkbox"/> Repetitive Motion	<input type="checkbox"/> Slip, Trip and Fall	<input type="checkbox"/> Sound / Pressure
	<input type="checkbox"/> Struck by Falling Object	<input type="checkbox"/> Other Unspecified Mechanism:	

Agency / Source of Injury / Illness:	<input type="checkbox"/> Animal / Human	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Environmental Conditions
	<input type="checkbox"/> Fixed Machinery / Plant	<input type="checkbox"/> Infectious Agent	<input type="checkbox"/> Materials or Chemical Substances
	<input type="checkbox"/> Mobile Plant / Equipment	<input type="checkbox"/> Non-Powered Equipment / Tools / Appliances	<input type="checkbox"/> Scaffolding or Ladders
	<input type="checkbox"/> Powered Equipment / Tools / Appliances	<input type="checkbox"/> Road Transport / Vehicles	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Sharps / Scalpels / Needles / etc.	<input type="checkbox"/> Trench or Excavations	

Bodily Location:	<input type="checkbox"/> Head / Neck	<input checked="" type="checkbox"/> Cervical Spine	<input type="checkbox"/> Ear	<input type="checkbox"/> Eye
		<input checked="" type="checkbox"/> Face (excluding eye)	<input type="checkbox"/> Forehead	<input type="checkbox"/> Mouth
		<input type="checkbox"/> Neck	<input type="checkbox"/> Nose	<input type="checkbox"/> Scalp / Skull
	<input type="checkbox"/> Trunk	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Back	<input type="checkbox"/> Genitals
		<input type="checkbox"/> Pelvis	<input type="checkbox"/> Spine	<input type="checkbox"/> Thorax
	<input type="checkbox"/> Upper Extremity	<input type="checkbox"/> Clavicle (Collar Bone)	<input type="checkbox"/> Elbow	<input type="checkbox"/> Fingers (other than Thumbs)
		<input type="checkbox"/> Forearm	<input type="checkbox"/> Hand	<input type="checkbox"/> Shoulder
		<input type="checkbox"/> Thumb	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Wrist
	<input type="checkbox"/> Lower Extremity	<input type="checkbox"/> Ankle	<input type="checkbox"/> Buttocks	<input type="checkbox"/> Foot
		<input type="checkbox"/> Hip / Groin	<input type="checkbox"/> Knee	<input type="checkbox"/> Lower Leg
	<input type="checkbox"/> Thigh	<input type="checkbox"/> Toes		
<input type="checkbox"/> Internal Organs	<input type="checkbox"/> Arteries	<input type="checkbox"/> Brain	<input type="checkbox"/> Heart	
	<input type="checkbox"/> Intestines	<input type="checkbox"/> Kidney	<input type="checkbox"/> Liver	
	<input type="checkbox"/> Lungs	<input type="checkbox"/> Spleen	<input type="checkbox"/> Stomach	
<input type="checkbox"/> General	<input type="checkbox"/> Heat Related	<input type="checkbox"/> Occupational Illness	<input type="checkbox"/> Other: _____	



Form G2

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3. Actions Taken Immediately after the Incident:

(Attach additional pages if more space is required)

No.	Actions:	Responsibility	Date Completed: (DD/MM/YYYY)
1.			
2.			
3.			

4. Incident Root Cause(s):

(Refer to Section 1. Attach additional pages if more space is required)

1.	
2.	
3.	

5. Corrective Actions to Prevent Recurrence:

(Attach additional pages if more space is required)

No.	Actions:	Person Responsible:	Target Date(DD/MM/YYYY)
1.			
2.			
3.			

6. Incident Cost:

(Approximate / Best Estimate)

No.	Item / Area	Amount (Dhs.)
1.	<input type="checkbox"/> Injury Cost (Treatment, Hospital, Transport, Insurance, etc.)	
2.	<input type="checkbox"/> Legal Cost (Compensation claims, judicial prosecutions, etc. – Federal Law No. 8)	
3.	<input type="checkbox"/> Productivity Cost (Business disruptions, Delays, Production loss / day, Material, Salaries, etc.)	
4.	<input type="checkbox"/> Asset Cost (Property, Machinery, Equipment, Structure, Vehicle, etc. – Repair & Maintenance)	
5.	<input type="checkbox"/> Asset Cost (Property, Machinery, Equipment, Structure, Material, Vehicle, etc. – Replacement)	
6.	<input type="checkbox"/> Enforcement Action (Penalty Issued by Authority etc.)	
7.	<input type="checkbox"/> Incident Scene / Area Restoration Cost (arrangements to make safe, cleanup, etc.)	
8.	<input type="checkbox"/> Other Cost relevant to / associated with the Incident	
9.	Total Cost	

7. Risk Assessment

(considering / implementing the post incident corrective actions and controls) Refer to OSHAD SF Technical Guideline on Process of Risk Management

Probability:	<input type="checkbox"/> Rare	<input type="checkbox"/> Possible	<input type="checkbox"/> Likely	<input type="checkbox"/> Often	<input type="checkbox"/> Frequent
Severity of Consequence:	<input type="checkbox"/> Insignificant	<input type="checkbox"/> Minor	<input type="checkbox"/> Moderate	<input type="checkbox"/> Major	<input type="checkbox"/> Catastrophic
Level of Residual Risk:	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Extreme	



Form G2

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8. Declaration by Injured Person (If applicable)			
I declare that all information provided in this document is true, correct and complete.			
Name of Injured Person or Representative:		Signature of Injured Person or Representative:	
Date : (DD/MM/YYYY)	____/____/____		

9. Reviews & Approvals:	
<input type="checkbox"/> Complete investigation report attached – as per Mechanism 11.0 – Incident Notification, Investigation and Reporting.	
<input type="checkbox"/> Relevant evidence included / attached to report (e.g. Copies of Relevant Procedures, Permits to Work, Photos, Drawings, MSDS, Copy of Police Report, Copy of Medical Report, Interviews, etc.)	
<input type="checkbox"/> Corrective actions listed in this form and/or the attached investigation report will be fully implemented in a timely manner	
Incident Investigation Status: <input type="checkbox"/> Closed – Completed <input type="checkbox"/> Report attached	

Signature of Investigation Team Leader	Signature of OSH Manager or Equivalent
Date (DD/MM/YYYY) ____/____/____	Date (DD/MM/YYYY) ____/____/____



HSE Induction Training

General Information

Company Name:	Project Name:
Inductee's Name:	Induction Date:

Topics to discuss

S/N	Description	YES	NO	Remarks
1	Project Description			
2	Company EHS Policy			
3	Emergency Procedures (alarm system, first aid boxes, assembly point, evacuation plan, escape routes, fire warden, first aiders)			
4	Introduction of Key Personnel			
5	Site Layout and welfare Facilities (rest area, toilet, etc.)			
6	Site Rules (e.g. drug & alcohol & smoking policy, different signage, no horse playing, wearing PPEs, avoid wearing Jewellery, etc.)			
7	Environment & Waste Disposal			
8	Site Specific Hazards / Risks / Near Miss			
9	Vehicles on site (traffic management)			
10	Work permits			
11	Risk Assessment / Risk Register			
12	Accident Reporting			

Other Relevant Topics for Discussion (if applicable)

1	Management of Change (new process, equipment & machinery, procedures, etc.)			
2	Relevant & applicable laws, regulations			

Signature & Remarks

Employee's Signature:	Remarks:
-----------------------	----------

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دائرة البلديات والنقل
DEPARTMENT OF MUNICIPALITIES
AND TRANSPORT
بلدية مدينة أبوظبي
ABU DHABI CITY MUNICIPALITY



Conducted by : _____ Job Title : _____ Signature : _____	Remarks: _____
--	----------------

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Tool Box Talk

General Information			
Company Name:		Project Name:	
Date: _____ Location: _____			
A. Specific job to be carried out: _____			
B. Topics Discussed:			
1. _____		4. _____	
2. _____		5. _____	
3. _____		6. _____	
C. Name and Signature of workers attended			
Name	Signature	Name	Signature
Conducted By:			
Name : _____			
Job Title : _____			
Signature : _____			



9.0 Inspection Checklists:

The inspection checklists include followings:

- Confined Spaces
- Traffic Management
- Electrical Installation
- Environment
- Excavations
- Fire & Emergency
- Hazardous Substances
- Housekeeping
- Ladders
- Lifting Equipment & Gears
- Machinery
- Portable Tools
- Personal Protective Equipment (PPE)
- Scaffolds
- Site General
- Vehicles & Mobile Equipment
- Welding & Gas Cutting
- Welfare Facilities
- Working Platforms & Cantilevers

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Checklists Confined Spaces

General information

Company Name:		Project Name:	
Conducted By:		Date:	

Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately.
Fair: Some minor controls are missing (medium risk), additional control measures to be implemented.
Good: All required controls are in place (low risk), only monitoring is required.

Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	
Hazards identified, risk evaluated, assessed & communicated before commencement of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permit To Work implemented & posted in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical and / or electrical isolation of the confined space done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate ventilation to ensure a sufficient supply of air conducted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleaning & purging to remove all hazardous (flammable & or toxic) gases & fumes performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Testing of oxygen concentration conducted to acceptable standard level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detecting of flammable & or toxic gases conducted to ensure their absence or below minimum levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provision of emergency retrieval system (full body harness, tripod and hoist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Availability of the back up personnel or rescue attendants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of non spark tools / devices (intrinsically safe tools or devices).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sufficient lighting is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper PPE & SCBA (Self Contained Breathing Apparatus) is used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitable access / egress provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area or surrounding isolated with barriers & or cones and suitable signage in place (where applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approved By:

Position	Name	Date	Signature
EHS Engineer/Manager			

Distribution and Acknowledgment:

Project Manager			
Project Engineer			

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Traffic Management

General Information

Company Name:		Project Name:	
Conducted By:		Date:	

Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately.
Fair: Some minor controls are missing (medium risk), additional control measures to be implemented.
Good: All required controls are in place (low risk), only monitoring is required.

Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	
Advance warning signs boards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roadwork signs boards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guide signs boards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Digital or LED* signs boards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arrows signs boards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Delineators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tubular flexible posts (bollards).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Painted pavement markings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Raised pavement markings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water filled plastic barriers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete barriers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Longitudinal crashworthy barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Warning lights (flashing lights & beacons).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Street lighting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary traffic lights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rumble strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crash cushion (shock absorber)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Buffer zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flaggers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pedestrian walkways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Construction lane access / egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Glare screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turning radius and lane width.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approved By:

Position	Name	Date	Signature
EHS Engineer/Manager			

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Distribution and Acknowledgment:

Project Manager			
Project Engineer			

Note: For guidance and it is not limited to its content

Electrical Installation

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(2) 6774 919



General Information

Company Name:		Project Name:	
Conducted By:		Date:	

Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately.
Fair: Some minor controls are missing (medium risk), additional control measures to be implemented.
Good: All required controls are in place (low risk), only monitoring is required.

Description

Item	Evaluation				Remarks
	Good	Fair	Poor	(insert N/A)	(insert your observation, and proposed corrective action plan)
Electrical hazards identified and all associated risks have been assessed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permit To Work (PTW) is used & available on site for electrical work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical installations commissioning and repairing carried out by competent electricians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical installation and appliances comply with the relevant international standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All external electrical installations are weatherproof.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical installations provided with Earth Leakage Circuit Breakers (ELCB).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All distribution boards are locked and signed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cables/wires running across the site are in good condition, properly protected & checked regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cables are free of joints, & only industrial sockets used for extending cables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No naked wires inserted into electrical sockets, & only earthed & fused plugs to be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sockets are not overloaded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Level of lighting suitable for the task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tag out / lock out system implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approved By:

Position	Name	Date	Signature
EHS Engineer/Manager			

Distribution and Acknowledgment

Project Manager			
Project Engineer			

Environment

General Information

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Company Name:		Project Name:	
Conducted By:		Date:	
Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately. Fair: Some minor controls are missing (medium risk), additional control measures to be implemented. Good: All required controls are in place (low risk), only monitoring is required.			

Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	
Waste is segregated & collected at designated appropriate areas (hazardous from non-hazardous) & adequate waste containers/skips provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste is removed /disposed regularly & according to the Abu Dhabi Waste Center guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper oil/chemicals leakage & spill control in places (tanks bunding, dripping trays, oil spill response materials).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allocation of designated area for washing concrete mixers & pumps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper collection & disposal of waste water & sewage water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper management of noise generated from the project, by installing noise enclosure measures (e.g. silencers, & work scheduling).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dust and/or fumes control measures have been implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Regular maintenance for mobile equipment, vehicles & machines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approved By:

Position	Name	Date	Signature
EHS Engineer/Manager			

Distribution and Acknowledgment:

Project Manager			
Project Engineer			

Excavations

General Information

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Company Name:		Project Name:	
Conducted By:		Date:	

Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately.
Fair: Some minor controls are missing (medium risk), additional control measures to be implemented.
Good: All required controls are in place (low risk), only monitoring is required.

Description

Item	Evaluation				Remarks
	Good	Fair	Poor	N/A	(insert your observation, and proposed corrective action plan)
Hazards have been identified and risk evaluated and assessed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitable access / egress provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Falling protection system installed properly (i.e. barriers, stop blocker, toe boards, cones and warning tapes... etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate supporting system / method (shoring, buttering, or stepping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spoil heaps stable and kept in safe distance from the edge of trenches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen tested and gases levels within acceptable level (for excavation with depth more than 1.0 meter).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency preparedness plan developed, communicated and implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper signage & warning lights (warning signs, tapes, ... etc) and instructions (i.e. PTW, emergency notice ..etc) displayed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Underground services identified, located, & all required permissions obtained & displayed visibly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excavators are in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper training and awareness delivered to all involved employees (i.e. toolbox talk & specialized training).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approved By:

Position	Name	Date	Signature
EHS Engineer/Manager			

Distribution and Acknowledgment:

Project Manager			
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Project Engineer			
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Note: For guidance and it is not limited to its content

Fire & Emergency

General Information

Company Name:		Project Name:	
Conducted By:		Date:	

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Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately.
Fair: Some minor controls are missing (medium risk), additional control measures to be implemented.
Good: All required controls are in place (low risk), only monitoring is required.

Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	
Fire risk assessment of the project is carried out & the control measures implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper storage of flammable / combustible materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Good housekeeping practices & daily removal of waste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No smoking / no naked flame policy. Smoking designated area allocated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permit To Work (PTW) procedure for hot works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evacuation plan developed & distributed. Emergency numbers, names of fire wardens & first aiders posted & communicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate means of escape allocated & unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitable / sufficient fire fighting equipments located on site maintained & inspected regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitable fire alarming system available, maintained & tested regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency signage & assembly points are in places & communicated to all parties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper awareness / training & regular fire drills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate first aid kits & trained first aiders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approved By:

Position	Name	Date	Signature
EHS Engineer/Manager			

Distribution and Acknowledgment:

Project Manager			
Project Engineer			

Hazardous Substances

General Information

Company Name:		Project Name:	
Conducted By:		Date:	

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Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately.
Fair: Some minor controls are missing (medium risk), additional control measures to be implemented.
Good: All required controls are in place (low risk), only monitoring is required.

Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	
Properly stored, ventilated, isolated, & suitable signs displayed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Material Safety Data Sheet (MSDS) available, and communicated to concerned personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate / sufficient fire fighting equipments are in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency escape & breathing apparatus available, tested and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate PPE is provided to the worker and it is worn during the work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous substances containers/drums have eligible labeling & protected from leakage or spillage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Empty hazardous substances containers, drums & receptacles should be properly maintained & controlled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approved By:

Position	Name	Date	Signature
EHS Engineer/Manager			

Distribution and Acknowledgment:

Project Manager			
Project Engineer			

Housekeeping

General Information

Company Name:		Project Name:	
Conducted By:		Date:	
Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately. Fair: Some minor controls are missing (medium risk), additional control measures to be implemented. Good: All required controls are in place (low risk), only monitoring is required.			

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Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	
Clear and safe access to work area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper materials stacking and any loose materials have been properly secured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site offices and the site area in general cleanliness and orderliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Construction waste and debris collected in designated areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate rubbish containers and rubbish removed daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Old timber de-nailed & all steel bars capped.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site & site office in general cleanliness & orderliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approved By:

Position	Name	Date	Signature
EHS Engineer/Manager			

Distribution and Acknowledgment:

Project Manager			
Project Engineer			

Ladders

General Information

Company Name:		Project Name:	
Conducted By:		Date:	
Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately. Fair: Some minor controls are missing (medium risk), additional control measures to be implemented. Good: All required controls are in place (low risk), only monitoring is required.			

Description

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Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	
Properly manufactured (no handmade wooden ladders).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All ladders are in good condition & suitable for the task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Positioned at suitable working angle at 75° to horizontal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secured top & bottom, and extended 1 meter above the platform level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intermediate landing place provided for ladders rise more than 1 meters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders placed on firm, flat level base & supported by stiles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extendable ladders are properly secured (i.e. extension locked and sufficient overlapping distance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rungs clear of grease, oil or other slippery substances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Metal ladders must not be used in electrical work (fiber glass ladders can be used instead).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vertically/ horizontally fixed ladders provided with falling protection cage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders should be checked before use & regularly maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approved By:

Position	Name	Date	Signature
EHS Engineer/Manager			

Distribution and Acknowledgment:

Project Manager			
Project Engineer			

Lifting Equipment and Gears

General Information

Company Name:		Project Name:	
Conducted By:		Date:	
Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately. Fair: Some minor controls are missing (medium risk), additional control measures to be implemented. Good: All required controls are in place (low risk), only monitoring is required.			

Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	

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Cranes & slings certified by 3 rd party, inspected & maintained regularly & records maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting plan / procedure prepared & communicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All lifting equipments & gears are inspected & certified by 3 rd party.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operator & rigger are competent (third party trained). The driver & operator are licensed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slings, wires, ropes, chains, belts, hooks, shackles are in good condition, appropriate for job & inspected regularly & records maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Load charts known & considered before any lifting begins.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Load indicators, alarm & other safety devices are operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ground condition checked & required corrective actions implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outriggers are operational & sole plate provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting operation area barricaded & suitable sign boards are in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approved By:

Position	Name	Date	Signature
EHS Engineer/Manager			

Distribution and Acknowledgment:

Project Manager			
Project Engineer			

Machinery

General Information

Company Name:		Project Name:	
Conducted By:		Date:	
Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately. Fair: Some minor controls are missing (medium risk), additional control measures to be implemented. Good: All required controls are in place (low risk), only monitoring is required.			

Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	

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Machine maintained in good working order regularly and records kept on site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machine operated according to the manufacturer instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Competent operators trained and certified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Good overall condition and regular maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All suitable guard provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electrical installations are protected and free of damages (circuit breakers, plugs, wires).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protection against weather condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency stop button and other safety devices are operational and clearly marked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety signs and manufacturer instructions clearly displayed and properly followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitable PPE provided and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Position	Name	Date	Signature
EHS Engineer/Manager			

Project Manager			
Project Engineer			

Portable Tools

General Information			
Company Name:		Project Name:	
Conducted By:		Date:	
Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately. Fair: Some minor controls are missing (medium risk), additional control measures to be implemented. Good: All required controls are in place (low risk), only monitoring is required.			

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	

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Electrical Tools:					
Power cables present no hazard or obstruction & connections are appropriate, earthed & fused.					
User competent & authorized.					
Guard is fitted, adjusted & tool in good condition.					
Emergency stop is available & operational.					
Manufacturer instruction is available & followed.					
All hoses, couplings & fittings of correct rating.					
Pneumatic Tools:					
Hoses, couplings & fittings inspected & maintained regularly.					
Tools secured to the hose by positive means to prevent disconnection.					
Air supply lines protected from damage, maintained & inspected regularly.					
Safety device is provided for air hose with large diameter.					
Manufacturer instruction is available & followed.					
Manual (unpowered) Tools:					
Tool checked & inspected before use.					
Home-made tool is not used & tool fits the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitable PPE provided for all above types of tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approved By:					
Position	Name	Date	Signature		
EHS Engineer/Manager					
Distribution and Acknowledgment:					
Project Manager					
Project Engineer					



Personal Protective Equipment (PPE)

General Information

Company Name:		Project Name:	
Conducted By:		Date:	
Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately. Fair: Some minor controls are missing (medium risk), additional control measures to be implemented. Good: All required controls are in place (low risk), only monitoring is required.			

Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	
PPE policy and signage displayed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Minimum PPE (i.e. helmet, safety boots, hi-visibility vest, & safety glasses) provided to all employees & records maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PPE checkpoint on the entrance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PPE comply with the relevant international standards & clearly marked (i.e. CE or EN mark).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
User trained on using, maintenance, and storage of PPE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional PPE have been provided as appropriate for those who are executing critical activities (e.g. full body harness for working at height, full face mask, & respiratory apparatus, etc...).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PPE correctly selected based on the task risk assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Regularly inspected, cleaned and maintained and/or re-placed as deemed necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Position	Name	Date	Signature
EHS Engineer/Manager			

Project Manager			
Project Engineer			

Scaffolds

General Information

Company Name:		Project Name:	
Conducted By:		Date:	
Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately. Fair: Some minor controls are missing (medium risk), additional control measures to be implemented. Good: All required controls are in place (low risk), only monitoring is required.			

Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	
All scaffolds erected, inspected, altered & dismantled by competent team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Clear and visible signage and scaff-tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access ladder provided and properly secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sound scaffolding materials free of damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Platforms are properly made of planks, free of damage, tied & no gaps between planks/timbers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All platform blanks tied down properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper falling protection provided (guard rail/hand rail, mid rail, toe board, mesh/bricks guard & safety net).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scaffolding properly secured ties, and all braces properly installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sole/base plate or timber provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overhead protection provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile scaffold provides with guard rails, toe board, full & proper platform, access ladder & wheels locked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal protective equipments provided and properly used (full body harness connected to fixed anchor or life line)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Position	Name	Date	Signature
EHS Engineer/Manager			

Distribution and Acknowledgment:

Project Manager			
Project Engineer			

Site General

General Information

Company Name:		Project Name:	
Conducted By:		Date:	
Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately. Fair: Some minor controls are missing (medium risk), additional control measures to be implemented. Good: All required controls are in place (low risk), only monitoring is required.			

Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	
Availability of the site safety sign board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper site security and appropriate fencing (e.g. closed metallic boards, hoarding).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Site visitors induction training procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sufficient site offices and car parking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate safety signage / notice boards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Availability of the EHS documents & records(e.g. EHS manual, EHS plan, risk assessment, work permit, incidents reports, induction & toolbox talk records, inspection records, & training records, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approved By:

Position	Name	Date	Signature
EHS Engineer/Manager			

Distribution and Acknowledgment:

Project Manager			
Project Engineer			

Vehicles and Mobile Equipment

General Information

Company Name:		Project Name:	
Conducted By:		Date:	
Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately. Fair: Some minor controls are missing (medium risk), additional control measures to be implemented. Good: All required controls are in place (low risk), only monitoring is required.			

Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	
Vehicles & mobile equipment are licensed by concerned authority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driver/operator is licensed and competent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Engine in good operational condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No visible leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows & mirrors are clean & obstruction free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seat is in good condition and seat belt functioning properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lights / indicators / wipers / horns properly operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tyres free of damage and fully inflated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reversing alarm & beacons working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Periodical inspection & maintenance & record kept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provided with fire extinguisher and first aid box, and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provided with the noise silencer/enclosure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Position	Name	Date	Signature
EHS Engineer/Manager			

Distribution and Acknowledgment:

Project Manager			
Project Engineer			

Welding and Gas Cutting

General Information

Company Name:		Project Name:	
Conducted By:		Date:	

Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately.
Fair: Some minor controls are missing (medium risk), additional control measures to be implemented.
Good: All required controls are in place (low risk), only monitoring is required.

Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	
Hazard identification & risk assessment conducted, & required control measures have been implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Valid & approved permit to work available all time & displayed in visible location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working area properly contained & warning signs displayed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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All flammable / combustible materials have been removed from the working area or properly protected from spark.					
All possible health effects (acute and chronic) have been identified and proper control measures implemented.					
Sufficient ventilation has been provided.					
Task is carried out by competent person (s).					
Adequate / sufficient firefighting equipment are available in the working area during & after the work.					
Suitable PPE provided and used all the time.					
Electrical Arc Welding:					
Welding leads and return cables have the same length, properly installed & protected, & free of damage.					
Electrical cables are in good condition, free of damage, & properly protected.					
Industrial plugs & sockets provided.					
Electrode holders are fully insulated & free of damage.					
Earth connection bolted or clamped to ensure a good electrical contact.					
Welding machine frame effectively grounded.					
Gas Welding and Cutting:					
Different gas cylinders are clearly identified and marked.					
Different types of Gas cylinders have been separated, properly stored, and not exposed to direct sun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper training on handling gas cylinders for all users (this will include clothing, moving cylinders, hazards and precaution measures....etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cylinder attachments (regulators, hoses, non-return valves, flashback arrestors, blowpipes) are maintained in good working order and free of damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approved By:

Position	Name	Date	Signature
EHS Engineer/Manager			

Distribution and Acknowledgment:

Project Manager			
Project Engineer			

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Welfare Facilities

General Information

Company Name:		Project Name:	
Conducted By:		Date:	
Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately. Fair: Some minor controls are missing (medium risk), additional control measures to be implemented. Good: All required controls are in place (low risk), only monitoring is required.			

Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	
Adequate ablutions / toilets / washing facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate clean & cool rest area with clean & cold drinking water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Food storage facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changing rooms with facility for keeping protective clothing used at work (locker).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prayer area clearly identified & kept clean all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe access & egress to and from the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Welfare facilities are in clean good hygienic condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Designated smoking area with proper fire fighting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Position	Name	Date	Signature
EHS Engineer/Manager			

Project Manager			
Project Engineer			

Working Platforms and Cantilevers

General Information

Company Name:		Project Name:	
Conducted By:		Date:	
Poor: Absence of major control measures (high risk), work to be stopped and risk assessment to be reviewed immediately. Fair: Some minor controls are missing (medium risk), additional control measures to be implemented. Good: All required controls are in place (low risk), only monitoring is required.			

Description

Item	Evaluation				Remarks (insert your observation, and proposed corrective action plan)
	Good	Fair	Poor	N/A	
Platform is properly designed (the minimum dimension are in accordance with the safety standards) and suitable for the purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Platform free of damage and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All platform planks tied down properly with no gaps between planks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Proper falling protection provided (handrail, mid-rail, toe board, boy harness, lifeline & safety net).					
Load capacity identified and clearly marked.					
Platforms are not used to carry another platform.					
Adequate bracing / outriggers installed (Mobile Elevated Working Platforms MEWP).					
3 rd party inspection. Regular maintenance & adherence to the manufacturer's manual (MEWP & cradles).					
Cantilever provided with guard rail, mid rail, toe board, & mesh / bricks guard.					
Cantilevers should not be overloaded (apply only tested load).					
Cantilever must be inspected whenever installed, altered, or shifted by competent person.					
Proper PPE should be provided.					

Approved By

Position	Name	Date	Signature
EHS Engineer/Manager			

Distribution & Acknowledgment:

Project Manager			
Project Engineer			

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