

	Daily HSE Report/Job Safety Analysis		
	Date: _____	Location: _____	Doc. Ref. No. _____
	Project Name: _____		Date: _____
	Total Manpower: _____		Page: _____

S.N	Time	Location	Unsafe Act/ Condition Observed	Corrective Action Taken	Area Incharge	Completion Date	Remarks
1							
2							
3							
4							
5							
6							
7							
8							
Topic Discussed During Tool Box Talk							

Signed by:

Safety Representative

Safety Engineer

Site Engineer

	Weekly HSE Report		Doc. Ref. No. _____ Date: _____ Page: _____
	Date: _____	Location: _____	
	Project Name: _____		

S.No.	Observations	Yes	No	Action Taken	Responsible Person	Completion Date
1	Is Tool Box Talk conducting every day?					
2	Is a facility for HSE Orientation available and records being maintained according to MAKCO Training Card?					
3	Is the use of Personal Protection Gears such as Safety Helmet, Safety Footwear, Safety Google and Safety Harness Apparent?					
4	Is the condition of Scaffolding, Ladders and Work Platforms Satisfactory?					
5	Are openings and other potential fall points appropriately protected or barricaded and marked?					
6	Are earth leakage circuit breakers (ELCBs) installed (if required)?					
7	Are Electric Equipment earthed properly?					
8	Are distribution and switch boards properly insulated/locked?					
9	Are Electric connections proper and without bare conductors visible?					
10	Is the condition of cables satisfactory?					
11	Are Combustible and Inflammable materials properly stocked to prevent fire hazards?					
12	Traffice Signs and Hazard Signs installed?					

	Weekly HSE Report				Doc. Ref. No. _____ Date: _____ Page: _____
	Date:	Location:			
	Project Name:				

13	Are First-aid Room adequately equipped and Medic available?					
14	Is fire fighting equipment adequate and serviceable and Fire extinguisher tags checked regularly?					
15	Is any accident/incident reported? If yes then attach report's copy.					
16	Is site and office toilets are clean?					
17	Is house keeping in site offices being taken care of?					
18	Is house keeping on site being taken care of?					
19	Is house keeping in accommodation and in dining hall being taking care of? Dining hygiene report is attached.					

Other Site Information

Signed by:

Safety Representative

Safety Engineer

Site Engineer

	Weekly Hygiene & Sanitary Inspection Report (Kitchen & Dining)		Doc. Ref. No. _____ Date: _____ Page: _____
	Date: _____	Location: _____	
	Project Name: _____		

S.N	Activities/Area	Satisfactory	Un-Satisfactory	Proposed Corrective Action in case of Unsatisfaction	Responsible Dept./Section	Tentative Days of Completion	Status To Date	Completion Date	Remarks
11	Exhaust Fans are Clean.								
12	Lights Conduction.								
13	Tables/Chairs arrangement.								
14	Acs are working properly.								
15	Drinking water Test are carried out.								
16	Pipeline of drain water of kitchen is choke and broken.								

Inspected By:

Company Health Representative	Company Safety Representative	Site Engineer
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	Monthly HSE Report		Doc. Ref. No. _____ Date: _____ Page: _____
	Month, Year: _____	Location: _____	
	Project Name: _____		

1 General

- Reached more than hrs.without LTI.
- Tool Box Talk conducting every
- Equipment Inspection started Daily and Monthly
- Safety Induction Training is providing to everyone
- New comers @ Persons

2 Accidents / Incidents

- Zero Accident/Incident
- No Near Miss Reported

3 Statistics**3.1 Project HSE&S Targets**

	Project Target	Month 2009
Hours this month	-	
Total hours worked	-	
LTIR (Lost Time Injury Rate) Lost Time Incidents: 0 Formula: 200000/worked hours*Lost time Incidents	0	
TRIP (Total Recordable Injury Rate) Recordable Incidents: 0 Formula: 200000/worked hrs*Recoordable Incidents	0.0	0.0
Major Environmental Spills	0	0

3.2 Manpower

MAKCO	@	00
Sub Cont.	@	00
Total	@	00

3.3 Incidents Overview

	This Period	Total
Lost Time incidents	0	0
Restricted Work Cases	0	0
Restricted Work Days	0	0
Medical Treatment	0	0
First Aid	0	0
Property Damage	0	0
Environmental Incidents	0	0

	Monthly HSE Report		Doc. Ref. No. _____ Date: _____ Page: _____
	Month, Year: _____	Location: _____	
	Project Name: _____		

4 Training

4.1 Project Induction

Month	00
Total Trained	00

5 Water and Oil Record (Received)

Diesel	0000 Ltr.
Patrol	0000 Ltr.
Other Oil	0000 Ltr.
Water	0000 Gallon

6 Waste Disposal Record

Sewage Water	None
Solid Waste	None

7 Site Inspections

	This Week	Total
7.1 Weekly Walk Through	00	00

Signed by:

Safety Representative

Safety Engineer

Site Engineer

HSE Manager

Project Manager

General Manager (Technical)



Monthly HSE Audit Report

Date: _____	Location: _____
Project Name: _____	Audit No. _____
Area Audited: _____	

Doc. Ref. No. _____
Time: _____
Date: _____
Page: _____

Auditors Names:

1) _____ 2) _____ 3) _____ 4) _____

S.No.	Description of Deficiencies	Recommended Action	Action by	Target Date	Remarks	Follow up Status (Audit date & brief description with new target date if required)	
						1	2
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Distribution:

1 _____
 2 _____
 3 _____

4 _____
 5 _____
 6 _____

 Safety Engineer

 HSE Manager

 Project Manager

	Monthly Stationary Equipment/Plant Inspection Report		Doc. Ref. No. _____ Date: _____ Page: _____
	Project Name:	Project No.	
	Location:		
	Plant/Equipment		

	Points to Check	Condition
-	Generator	
-	Engine	
-	Diesel Tank	
-	Elec. Connections	
-	Portable Elec. Equipment	
-	Regulators	
-	Flash Back Arrestors	
-	Hose Clamps	
-	Gas Cylinders Safety	
-	Extra Cylinders Safety	
-	Log Book/Records	
-	Rigging Codes/directions	
-	Charts of SWL at different radius	
-	Reversing/Slewing Indicator	
-	Out Riggers	
-	Slings, Ropes & Chains	
-	Handles/Ladders	
-	Mushroomed Heads	
-	Blunt/Worn Out Tools	

Checked by:
 Name: _____
 Date: _____

 Safety Representative

	Monthly Moving Equipment/Vehicle Inspection Report		Doc. Ref. No. _____ Date: _____ Page: _____
	Project Name:	Project No.	
	Location:		
Vehicle/Equipment			

	Points to Check	Condition
-	Tyres (Pressure)	
	Tyres (Condition)	
	Tyres (Spare Wheel Capacity)	
	Tyres (Wind Screen)	
	Tyres (Rear Cabin Glass)	
	Tyres (Window Glasses)	
-	Brakes (Type of System)	
	Brakes (Hand Brakes)	
-	Seat Belts (3 Points)	
	Seat Belts (2 Points)	
-	Leakages Points in Fuel & Lubrication	
-	Tools (Jack)	
	Tools (Wheel Spanner)	
	Tools (Tommy Bar)	
	Tools (Timber Block)	
	Tools (Tool Box)	
-	Wipers & Wasers	
-	Loose Items in Driver's Cabin	
-	Documents (Registration)	
	Documents (Test Certificates)	
	Documents (Driver's License)	
-	Steering Wheel	
-	Gauges (Speedometer)	
	Gauges (Fuel Gauge)	
	Gauges (Charger)	
-	Mirrors (Rear View)	
	Mirrors (Slide View)	
-	Fuel Tank & System Properly Secured	
-	Horn (Reverse Horn)	
-	Head Lights	
	Tail Lights	
	Brake Lights	
	Reverse Lights	
	Hazard Lights	
	Signal Indicators	
	Parking Lights	
	Cabin Lights	
-	Battery	
-	Electrolytes	
-	Hydraulic System	
-	Last Service Date	
-	Fire Extinguisher (Type & No.)	
	Fire Extinguisher (Capacity)	

Checked by: Name: _____

Date: _____

Safety Representative

	Job Hazard Analysis		Doc.Ref. No. _____
	Date: _____	Location: _____	Revision No. _____
	Project Name: _____		Effective Date: _____
	Activity: _____		Page: _____

TASK		HAZARD		RISK ASSESSMENT			CONTROLS	RISK ASSESSMENT			RESIDUAL RISK
Step No.	Description of Work Sequence	Hazard Description & Effect	Who or What might be affected?	Consequence	Probability	Risk Rating	Preventive and Precautionary Measures	Consequence	Probability	Risk Rating	Alarm Level
1											
2											
3											
4											
5											
6											
Relevant Guidelines/Procedure:											

Prepared by

Approved by

	HSE Accident Report		Doc. Ref. No. _____
	Project Name: _____	Project No. _____	Time: _____
	Location: _____	Report No. _____	Date: _____
	Incident/Accident Type: _____		Page: _____

Company Involved:

MAKCO
 SUB CONTRACTOR
 SUB CONTRACTOR NAME: _____
 CLIENT
 CLIENT NAME: _____

Employee Involved (Injured/Witness):

Name:	Employee No.	Trade/Craft
1) _____	1) _____	1) _____
2) _____	2) _____	2) _____
3) _____	3) _____	3) _____
4) _____	4) _____	4) _____

Classification:

ONE THE JOB
 OFF THE JOB

Nature:

Human Loss (Severity):

Illness/Medical Treatment
 RWI
 LTI
 Fatality

Property Loss (Severity):

Minor
 Major
 Disaster

Environmental Loss (Severity):

Minor
 Major
 Catastrophic

Discription:

Corrective Measures Taken:

Safety Representative

CC: 1) General Manager (Technical). 2) Project Manager. 3) HSE Manager

Note: This document must be faxed/emailed within 24 hours to the HSE Manager, Project Manager and General Manager (Technical).

	HSE Accident Causes Checklist		Doc. Ref. No. _____ Date: _____ Page: _____
	HSE Accident Report No.:	Location:	
	Project Name:		

APPARENT CAUSES

SUBSTANDARD ACTIONS	SUBSTANDARD CONDITIONS
<input type="checkbox"/> 1. Operating equipment without authority	<input type="checkbox"/> 1. Inadequate guard or barriers
<input type="checkbox"/> 2. Failure to secure	<input type="checkbox"/> 2. Improper protective equipment
<input type="checkbox"/> 3. Failure to warn	<input type="checkbox"/> 3. Defective tools, equipment
<input type="checkbox"/> 4. Operating at improper speed	<input type="checkbox"/> 4. Conjunction or restricted action
<input type="checkbox"/> 5. Making safety device inoperable	<input type="checkbox"/> 5. Inadequate warning system
<input type="checkbox"/> 6. Using defective equipment	<input type="checkbox"/> 6. Fire & explosion hazards
<input type="checkbox"/> 7. Using equipment improperly	<input type="checkbox"/> 7. Poor housekeeping
<input type="checkbox"/> 8. Failure to properly use PPE	<input type="checkbox"/> 8. Environmental conditions
<input type="checkbox"/> 9. Improper loading/placement/lifting	<input type="checkbox"/> 9. Noise
<input type="checkbox"/> 10. Improper position for task	<input type="checkbox"/> 10. Inadequate ventilation
<input type="checkbox"/> 11. Servicing equipment in operation	<input type="checkbox"/> 11. High or low temperatures
<input type="checkbox"/> 12. Horse play	<input type="checkbox"/> 12. Inadequate illumination

LATENT CAUSES

PERSONAL FACTORS	JOB FACTORS
<input type="checkbox"/> 1. Inadequate capability	<input type="checkbox"/> 1. Inadequate leadership supervision
<input type="checkbox"/> 2. Lack of knowledge/training	<input type="checkbox"/> 2. Inadequate engineering
<input type="checkbox"/> 3. Lack of skill	<input type="checkbox"/> 3. Inadequate purchasing
<input type="checkbox"/> 4. Stress	<input type="checkbox"/> 4. Inadequate tools/equipment
<input type="checkbox"/> 5. Improper motivation	<input type="checkbox"/> 5. Inadequate maintenance
<input type="checkbox"/> 6. Fatigue	<input type="checkbox"/> 6. Inadequate work standards
<input type="checkbox"/> 7. Mental absence	<input type="checkbox"/> 7. Wear & tear
	<input type="checkbox"/> 8. Abuse or misuse

	HSE Non-Compliance Observation		Doc. Ref. No. _____ Date: _____ Page: _____
	Project Name: _____	Project No. _____	
	Location: _____		

Non-Compliance Observed

Date: _____

To: Site Engineer

Following HSE non-compliance has been observed at site, please take immediate corrective action and reply.

Description:

Initiated by: _____
Site HSE Coordinator

cc : - HSE Manager
- Project Manager

Action Taken

Date: _____

To: **Site HSE Coordinator**

The above mentioned non-compliance has been corrected accordingly at _____ hrs. on _____.

Description:

Reported by: _____
Site Engineer

cc : - HSE Manager
- Project Manager