



ACTIVITY HSE INSPECTION CHECKLIST

Project:
Inspector Name:

Inspection Date & Time:
Inspected Activity:

Documentation	Y	N	N a
NOC, AUTHORITY PERMIT RECEIVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSRA PREPARED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERMIT TO WORK ISSUED AND AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JSA CONDUCTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRETASK BRIEFING CONDUCTED AND RECORDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDUCTION RECORDS AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TBT RECORDS ARE AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLICY BRIEFING CONDUCTED AND RECORDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSRA BRIEFING CONDUCTED AND RECORDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

Plant	Y	N	N a
THIRD PARTY CERTIFICATES AVAILABLE AND VALID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPERATOR COMPETENCY CERTIFICATES VALID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MULKIAH / REGISTRATION CARDS VALID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVING LICENCE AVAILABLE AND VALID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIFTING ACCESSORIES TPC AVAILABLE AND VALID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THIRD PARTY TRAINED FLAG MAN AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THIRD PARTY TRAINED RIGGER/SLINGER AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPERATOR CHECKLIST IMPLEMENTED AND UPDATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSE INSPECTION CHECKLIST COMPLETED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

Personal Protective Equipment (PPE)	Y	N	N a
SHOES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HELMETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVERALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOGGLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MASKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAND GLOVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAFETY VEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPIRATORY PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FULL BODY HARNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAR PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

Fire Fighting Equipment	Y	N	N a
FIRE EXTINGUISHERS AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRE EXTINGUISHERS IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSPECTION TAGS PROVIDED AND UPDATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLOR CODE IMPLEMENTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLACED IN THE RIGHT LOCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCESS TO FIRE FIGHTING EQUIPMENTS KEPT CLEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

Emergency Procedures	Y	N	N a
EMERGENCY CONTACT NUMBERS POSTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY VEHICLE AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRST AID EQUIPMENT AVIALABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAND BY MAN DEPLOYED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVACUATION PLAN BRIEFED AND POSTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASSEMBLY POINT PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESECUE EQUIPMENT (STRETCHER, TRIPOD) AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRILL CONDUCTED AND RECORDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

Electrical Equipment	Y	N	N a
ALL INSTALLATION IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED ELECTRICIAN AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSPECTION TAGS PROVIDED AND UPDATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLOR CODE IMPLEMENTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROPER CABLE MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUIRED WARNING SIGNBOARDS FIXED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EARTHING PROVIDED PROPERLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL INSTALLATION AWAY FROM WET AREAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CABLES HAVE ADEQUATE CURRENT CARRYING CAPACITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPROPRIATE FIRE EXTINGUISHER PLACED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTRY / EXIT LOG MAINTAINED FOR TO DB ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

Housekeeping & Material Storage	Y	N	N a
WORK AREA CLEAR OF SCRAP, DEBRIS & WASTE MATERIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLEAR ACCESS MAINTAINED IN WALKWAYS & STAIRWAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WASTE SEGREGATION BEING DONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STORAGE AREA BARRICADED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

Generators	Y	N	N a
TPC AVAILBALE AND VALID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSPECTION TAGS AND COLOR CODE AVAILABLE AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIP TRAY, BUND WALL PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRE FIGHTING EQUIPMENTS AVAILABLE AND USABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHADES PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

ACTIVITY HSE INSPECTION CHECKLIST



Protection, Barricades & Signages	Y	N	N a
PROPER BARRICADES PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADEQUATE SIGNAGES FIXED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY LIGHTS PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCAVATION COLLAPSE PREVENTION MEASURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCLUSION ZONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOTO PROCEDURES IMPLEMENTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAS TEST CONDUCTED & READINGS RECORDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO LONE WORKING ENSURED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

Power Tools	Y	N	N a
INSPECTION TAG AVAILABLE AND UPDATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLOR CODE IMPLEMENTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROPER CABLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

Ergonomics	Y	N	N a
SAFE ACCESS AND EGRESS PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADEQUATE ILLUMINATION PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADEQUATE VENTILATION PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIBRATION CONTROL MEASURES IMPLEMENTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOISE CONTROLS IMPLEMENTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

Gas Cylinders	Y	N	N a
FLASH BACK ARRESTOR PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOSES AND CONNECTIONS IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHADES PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TROLLY PROVIDED AND IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CYLINDER STICKER PRESENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAUGES IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARE GAS CYLINDERS ELEVATED AND SAFELY SECURED OUT OF PROTECTION CAPS IN PLACE IF COMPRESSED GAS CYLINDERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAS CYLINDERS PLACED AWAY FROM IGNITION SOURCES,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

Welfare	Y	N	N a
REST AREA CLEAN, COOL AND WITH ADEQUATE CAPACITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHELTERS ARE AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILETS CLEAN, INSPECTED AND IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRINKING WATER TESTED, FILTERED AND COOLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRAYER ROOM CLEAN WITH ADEQUATE CAPACITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

Chemicals	Y	N	N a
SDSs ARE AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COSHH ASSESSMENT PREPARED AND BRIEFED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUIRED PPE PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPILL PREVENTION MEASURES IMPLEMENTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL WASTE SEGREGATED FROM OTHER WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

Environment	Y	N	N a
SPILL PRECAUTIONS IMPLEMENTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUST SUPPRESSION CONTROLS IMPLEMENTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOISE CONTROL MEASURES IMPLEMENTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROPER HOUSEKEEPING STANDARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

Scaffolds & Ladders	Y	N	N a
SCAFFOLDING ERECTED CERTIFIED SCAFFOLDERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAGS HANGED AND UPDATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAFE ACCESS PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUIRED PPE FOR SCAFFOLDERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLATFORMS FREE FROM EXTRA MATERIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LADDERS ARE INSPECTED AND IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LADDERS ARE PROPERLY PLACED WITH ADEQUATE HEIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO METAL LADDERS FOR ELECTRICAL WORKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUFFICIENT CLEARANCE FROM OVERHEAD SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES:			

INSPECTOR NAME:

INSPECTOR SIGNATURE:
