**Report by Safety Committee Members (Management Representative) Date:**

1. Permit to Work System ( By Management representative)

|  |  |  |  |
| --- | --- | --- | --- |
| Permit audited at Location | Permit No. | Observations | Recommendations given if any |
|  |  |  |  |
|  |  |  |  |

1. Fire & Safety equipments within department : (Observations by Management & workmen’s representative)

|  |  |  |
| --- | --- | --- |
| Equipments | Observations | Action taken on observations. |
| Portable fire extinguishers |  |  |
| Fire hydrant system & accessories |  |  |
| Eye wash showers |  |  |

1. Unsafe actions: (Observations by Management & workmen’s representative)

|  |  |  |
| --- | --- | --- |
| Observations | Name & Dept. | Immediate action |
| Missing to use of essential PPE’s |  |  |
| Misuse of PPE’s or emergency equipments |  |  |
| Job without permit |  |  |
| Other observations which can lead to an accident |  |  |

1. Unsafe conditions : (Observations by Management & workmen’s representative)

|  |  |  |
| --- | --- | --- |
| Observations | Dept. | Immediate action |
| Openings on floor or slip/ trip hazard |  |  |
| Material spillage / leakage which can lead to an accident |  |  |
| Emergency exits are blocked |  |  |
| Emergency equipments are not easily accessible |  |  |
| Other observations which can lead to an accident |  |  |

1. Tool Box Talk : ( By Management representative) Topic:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No. | Date | Name | Dept. | Signature |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

Name: Signature: Dept.: