



SAFETY OBSERVATION AND CONVERSATION (SOC)

Observation Name : Plants observation		Designation : Team 1	
KOC ID No : 34534		Group / Team : SRP-I	
Date Occurred : 2024-03-16		Duration (in Min) : 2hoours	
Type of Work Observed : fgdfvgsd		location Fjnddbbh	
Key Safety Conclusions/Comments/Agreements Made : sdfsdf			
Please enter Safety Observation Out of four Areas below Check only when applicable	Good Practice	Deviation	Comments
Plant			
1. Energy sources controlled	<input type="checkbox"/>	<input type="checkbox"/>	
2. Plant well maintained	<input type="checkbox"/>	<input type="checkbox"/>	
3. Leaks/spills contained	<input type="checkbox"/>	<input type="checkbox"/>	
4. Protection from hazards in place	<input type="checkbox"/>	<input type="checkbox"/>	
5. Access / egress clear	<input type="checkbox"/>	<input type="checkbox"/>	
6. Layout and work locations safe	<input type="checkbox"/>	<input type="checkbox"/>	
7.Housekeeping standard high	<input type="checkbox"/>	<input type="checkbox"/>	
People			
1. Work location protected	<input type="checkbox"/>	<input type="checkbox"/>	
2. Work positions safe	<input type="checkbox"/>	<input type="checkbox"/>	
3. People competent	<input type="checkbox"/>	<input type="checkbox"/>	
4. Hazards understood	<input type="checkbox"/>	<input type="checkbox"/>	
5. PPE appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
6. Risk to others avoided	<input type="checkbox"/>	<input type="checkbox"/>	
7.Distractions absent	<input type="checkbox"/>	<input type="checkbox"/>	
Process			
1. Procedures valid	<input type="checkbox"/>	<input type="checkbox"/>	
2. Correct procedures used	<input type="checkbox"/>	<input type="checkbox"/>	
3. Control of Work standard applied	<input type="checkbox"/>	<input type="checkbox"/>	
4. Control of Work requirements understood	<input type="checkbox"/>	<input type="checkbox"/>	
5. Risk documented	<input type="checkbox"/>	<input type="checkbox"/>	
6. JRA/JSA participation	<input type="checkbox"/>	<input type="checkbox"/>	
7. Work well organised,	<input type="checkbox"/>	<input type="checkbox"/>	

Please enter Safety Observation Out of four Areas below Check only when applicable	Good Practice	Deviation	Comments
systematic			
8. Communication effective	<input type="checkbox"/>	<input type="checkbox"/>	
9. Change managed safely	<input type="checkbox"/>	<input type="checkbox"/>	
Performance			
1. Work pressure doesn't compromise safety	<input type="checkbox"/>	<input type="checkbox"/>	
2. Safety priority messaged by leadership	<input type="checkbox"/>	<input type="checkbox"/>	
3. Supervision appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
4. Pace appropriate/safe	<input type="checkbox"/>	<input type="checkbox"/>	
5. Safety performance recognized	<input type="checkbox"/>	<input type="checkbox"/>	