|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title/Branch:** | **Doc. No.** **CHZ-HSE-SAC** | | | | **Phone Number:** | | |
| **Name of Manager:** | **Date of Audit:** | | | | **Total Number of Employees on Site:** | | |
| **Audited by: M. JAFFAR HSE** | **Signature:** | | | |  | | |
| **S A F E T Y A S S E S S M E N T** | | | | **S A F E T Y A S S E S S M E N T** | | | |
| **1. SITE SAFETY ADMINISTRATION** | | **Y** | **N** | 2. HEALTH & SAFETY | | Y | **N** |
| Personnel Protective Equipment | |  |  | Medical Facilities | |  |  |
| Accident Reports | |  |  | Designated Smoking Areas | |  |  |
| Fire/Safety Inspection Log | |  |  | Washing Facilities | |  |  |
| First Aid Station / Kit | |  |  | Drinking Water & Cups | |  |  |
| Emergency Response Team | |  |  | Toilet Facilities Sanitation | |  |  |
| Toolbox Talks by Manager | |  |  | Ventilation | |  |  |
| Permit to Work Procedure | |  |  | Eating Facilities | |  |  |
| Incident Report | |  |  | Lockers/Cabinets Tidiness | |  |  |
| **Other Comments:** | | | | Fumigation & Fogging | |  |  |
|  | | | | **Other Comments:** | | | |
|  | | | |  | | | |
|  | | | |  | | | |
|  | | | |  | | | |
|  | | | |  | | | |
| **3. TRANSPORTATION** | | **Y** | **N** | **4. FIRE PREVENTION** | | **Y** | **N** |
| Use of Seat Belts | |  |  | Adequate Fire Extinguishers | |  |  |
| Licensed Operators | |  |  | Correct Placement of Extinguishers | |  |  |
| Overall Operating Condition | |  |  | Fire Extinguisher Training | |  |  |
| Tires/Lights/Brakes/Signals/Etc. | |  |  | Tages/Inspected Fire Extinguishers | |  |  |
| Fire Extinguishers | |  |  | Evacuation Plan Posted | |  |  |
| Wipers/Mirrors | |  |  | Fire Hydrants/Hose/Nozzle/Wrench | |  |  |
| Vehicle Registration | |  |  | Emergency Telephone Numbers Posted | |  |  |
| **Other Comments:** | |  |  | Fire Watches (if required) | |  |  |
|  | | | | Storage of Flammables/Combustibles | |  |  |
|  | | | | Emergency Evacuation Drill | |  |  |
|  | | | | **Other Comments:** | | | |
|  | | | |  | | | |
|  | | | |  | | | |
| **5. HOUSEKEEPING** | | **Y** | **N** | 6. CHEMICAL STORAGE | | **Y** | **N** |
| Overall Condition | |  |  | Isolated Storage | |  |  |
| Security Fences/Gates | |  |  | Chemical Data Sheet on Site | |  |  |
| Floor Safety Sign | |  |  | Warning Signs | |  |  |
| Trash Containers/Lids | |  |  | Segregation with Tags | |  |  |
| Daily Clean-up/Removal of Trash | |  |  | Area Locked | |  |  |
| Materials Stacking | |  |  | Labels | |  |  |
| Aisleways | |  |  | **Other Comments:** | | | |
| **Other Comments:** | | | |  | | | |
|  | | | |  | | | |
|  | | | |  | | | |
| **7. COMPRESSED GAS** | | **Y** | **N** | 8. ELECTRIC CIRUITS/CONNECTIONS | | Y | N |
| Cylinder Secured | |  |  | Correct Voltage | |  |  |
| Proper Storage (Shade, Separation) | |  |  | Ground Fault Interrupters Used | |  |  |
| Protective Caps in Place | |  |  | Water Seepage above electrical circuits | |  |  |
| Condition of Cylinders/Compressor | |  |  | Broken Plugs/ Sockets | |  |  |
| Proper Handling | |  |  | Lights | |  |  |
| Wiring Inside the Cage | |  |  | Overall Condition | |  |  |
| Safety Arrangements | | | | Warning Signs | |  |  |
| **Other Comments:** | | | | Open Joints | | | |
|  | | | | **Other Comments:** | | | |
|  | | | |  | | | |

**Yes**- OK

**No** - Needs Attention

**Point Score**= Total No. of YES x 100 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x 100 =\_\_\_\_\_\_\_

Total No. of YES +Total No. of NO

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**Excellent** - 100-95

**Good**  - 94-90

**Satisfactory** - 89-80

**Poor/Needs Improvement** - 79 and below