

# S.H.E. INSPECTION REPORT

Form IR.1

Report No. : .....

S.H.E. Representative's name : .....

Department : .....

Area Inspected : .....

Date : .....

## SECTION A : UNSAFE ACTS OR CONDITIONS

Tel. Ext. No.: .....

Check for any UNSAFE ACTS or CONDITIONS (refer to the S.H.E. inspection checklist for assistance), tick the relevant block, identify the place and make a comment/recommendation. Specific HAZARDOUS CONDITIONS which require attention by Facilities Management must be listed under Section B. If the space provided is insufficient, please continue on a blank sheet of paper.

ITEM	OK	NOT OK	PLACE	COMMENT/RECOMMENDATION Please write clearly
1.11 Building/windows/floor				
1.12 Lighting				
1.13 Ventilation				
1.14 Hygiene				
1.15 Pollution control				
1.22 Stack/storage				
1.23 Exterior/yard				
1.24 Rubbish removal				
2.14 Ladders, steps				
2.21 Electrical appliances				
2.23 Distribution boards				
2.31 Ergonomics				
3.01 Fire extinguishers, hoses				
3.04 Fire equipment maintenance				
3.05 Flammable material storage				
3.06 Signage/alarm systems				
3.07 Evacuation drills/training				
4.14 Accident reporting				
5.13 Risk Management Committee				
5.14 Health + Safety communication				
5.15 First Aider /facilities				
5.21 Health + Safety information				
ANY OTHER ITEMS :				

**SECTION B: LIST OF ITEMS FOR ATTENTION BY FACILITIES MANAGEMENT**

Please enter details under “Nature of Fault” and “Area”. Facilities Management will enter the Job No. and date and return a copy of this form to the S.H.E. Manager as confirmation of action to be taken.

BUILDING : .....

NATURE OF FAULT (Please write clearly)	AREA	JOB NO.	DATE

.....  
Signature of S.H.E. Representative

.....  
Mr. M Rajkumar  
Acting Director of Occupational Safety, Health and Environment

DEPARTMENT HEAD :  
.....

Date : .....

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- Copies of this form should be sent to :
    - The Chairperson of your Risk Management Committee
    - The Facilities Management Manager
    - Occupational S.H.E. Manager
    - Mr. M Rajkumar