

**Project Research**

**Study Report on the Guidelines for the  
Management of Safety for Construction  
Works in Japanese ODA Projects**

**Final Report**

**Samples of Practical Tool for Safety  
Construction Management on Site**

**< Volume 3/3 >**

**July 2013**

**Japan International Cooperation Agency (JICA)**

**The Overseas Construction Association of Japan, Inc.**

EI
JR
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## Composition of the Outcomes

The outcomes of the Project Research: “Study Report on the Guidelines for the Management of Safety for Construction Works in Japanese ODA Projects” are composed of the 3 volumes shown below.

This volume is the “Samples of Practical Tool for Safety Construction Management on Site” of the reports. See each report, other than this, for the “Main Text,” and “Guidelines (Preliminary Draft).”

First of the 3 volumes:

<b>Main Text</b>	
Introduction	Background of Working out the Guidelines (Preliminary Draft)
Chapter 1	Outline of the Field Study Results
Chapter 2	Current Status of Safety Management in Construction Works in Advanced Countries
Chapter 3	Review on Other Guidelines
Chapter 4	Outline of the Guidelines for the Management of Safety for Construction Works
Chapter 5	Considering the Operation Policy on the Guidelines

Second of the 3 volumes:

<b>Guidelines (preliminary draft)</b>	
Chapter 1	General Rules
Chapter 2	Basic Policies for Safety Management
Chapter 3	Contents of the “Safety Plan”
Chapter 4	Contents of the “Method Statements on Safety”
Chapter 5	Technical Guideline for Safe Execution (by the Type of Work)
Chapter 6	Technical Guideline for Safe Execution (by the Type of Accident)

Third of the 3 volumes: This document.

<b>Samples of Practical Tool for Safety Construction Management on Site</b>	
1 .	Risk Assessment Form
2 .	Operating Instructions
3 .	Record of Meetings
4 .	Weekly & Monthly Report
5 .	Site Inspection Check Sheet
6 .	Occupational Safety & Health Management System
7 .	Partnership with Locals etc.

Project Research  
Study Report on the Guidelines for the Management of Safety  
for Construction Works in Japanese ODA Projects

Final Report

Samples of Practical Tool for  
Safety Construction Management on Site

<Volume 3/3>

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## Preface

This Safety Construction Management Booklet is the sequel to the educational material for construction workers drawn up in the Study on Safety Management for ODA Construction Work in Japanese ODA Project, February 2012.

This booklet is to be available to personnel concerned with ODA construction projects, especially the Contractors and the Engineers for the purpose of improving site control, periodical checkout and mitigating risks in order to ensure safety management. It is expected to be used mainly as a reference material to overall controllers, personnel in charge of safety measures and head offices of contractors and engineers.

We wish all entities concerned with the projects to utilize the booklet for enhancing safety management awareness and promoting safety management activities in ODA construction works.

July, 2013



# 1 Risk Assessment Form

## 1.1 Case Example 1-1

### 1) Outline

All possible hazards are listed for each type of work. Considering the effect to each stakeholder (including the Employer, the Contractor, the public, visitors, and young people), degree of seriousness is reckoned in numerical value. Then, degree of seriousness is multiplied by frequency rate to calculate the total risk of each type of work.

Additionally, the risk rate after taking corresponding measures on risk control is re-calculated. If the risk rate is greater than the standard rate, this type of work cannot be launched due to the site regulations.

### 2) Case Example

The Case Example 1-1 is on the following page.



## 1.2 Case Example 1-2

### 1) Outline

This is a feedback from the Contractor to the risk assessment prepared by the Engineer, an extract from the occupational safety and health documents which the Contractor submits to the Engineer. The Engineer's request to manage occupational safety and health suitable for local regulations and environment is granted by the Contractor who states that the Safety Plan Document is reviewed accordingly.

This is the case example, which shows both the Engineer and the Contractor acknowledge the importance of risk assessment and perform in coordination with each other.

### 2) Case Example

The Case Example 1-2 is on the following page.

<b>Risk Assessment Form</b>	<b>Case Example 1 - 2</b>
-----------------------------	---------------------------

RFA Number [     ]     Transmittal Ref:

	Date :
	Rev.:
	RFA Type:
<b>REQUEST FOR APPROVAL (RFA)</b>	
To : The Engineer	From : The Contractor
Reference in Contract :	RFA Title :
Work Package : S/C RFA No :	Company : Representative :
Submitted by : <div style="display: flex; justify-content: space-around; font-size: small;"> <span>EHS</span> <span>MEP</span> <span>QA/QC</span> <span>Engineering</span> </div>	
Note: The attached Health and Safety Plan has been updated as per the comments received on Revision C of the same.	
RFA has been produced by :	Expected Work Start on :
RFA has been reviewed by :	
RFA has been approved by PM :	Signed : .....
We enclose (1) set for your comments/approval	

Received Date & Sign	.....
----------------------	-------

<b>ENGINEER'S APPROVAL / COMMENT (EAC)</b>		
Engineer's Representative Name :	Signed :	Date :
Engineer's Assistant Name :	Signed :	Date :
Approval Status : A Approved, no exception taken. No re-submittal required. Proceed with manufacture fabrication and/or construction. B Approved with Comment, incorporate comments, resubmit within 7 days. Proceed with manufacture, fabrication and/or construction. C Rejected, incorporate comments and re-submit. Do not proceed with manufacture, fabrication and/or construction.		
ITEM	COMMENTS	STATUS
1		
2		
3		
4		
5		
6		
7		
8		

Risk Assessment Form

Case Example 1 - 2

## PROJECT NAME

PROJECT HEALTH & SAFETY PLAN

## JV REPLY TO COMMENTS ON REV C

Please note the following in response to the comments received on revision C of MAR -0038. We have revised the previously submitted documents as noted below and have enclosed the revised extracts for your review and approval.

ITEM	COMMENTS	JV RESPONSE
1	Person in-charge of Emergencies on Site	Project Emergency Contact List updated and attached in Section 19 of PEHSP
2	Dust Prevention should be added under this section.(Appendix 1 – EMP Section 8)	Please see additional to Section 8 (8.1 & 8.2)
3	User of phrase “if practicable” shall be deleted under this section. (Appendix 1 – EMP Section 12)	Has been deleted.
4	Any description that can be expressed more concretely shall take way. Eg. Wheel washing roller or spray nozzle (Appendix 1 – EMP Section 12)	Wheel washing facilities (Wash Through) included with washing jet spray has been specified. We have thoroughly reviewed and updated the document and addressed the specific example.
5	Water pollution mitigation-Surface Run-off - Additional	Section 12.2 Environmental Control Details has been added as requested and reiterated on control measures in surface run off.
6	The word remain ‘marine’, Marine shall be deleted.	The word ‘marine’ has been removed from the Risk assessment as shown in Appendix 1 Project Environmental Management Plan.
7	Section 13-Risk Assessment Requested to re-examine the RA based on construction content and local condition	These have been reviewed and updated, please see Appendix 1 Environmental Management plan section13.
8	You are requested to submit revised “Work Method Statement for Environmental Monitoring Works together with revised Project Environmental Management Plan.	Attached Revised “Work Method Statement for Environmental Monitoring Works” and revised Project Environmental Plan Rev D.

Risk Assessment Form	Case Example 1 - 2
----------------------	--------------------

**PROJECT NAME**  
**PROJECT HEALTH & SAFETY PLAN**

ITEM	COMMENTS	JV RESPONSE
9	The Environmental Manager has still not been confirmed as of today. When can this key person be on board	The resume of Environmental Manager has been approved by XXX on 02 <sup>nd</sup> . July 2012. Refer to XXX No:

**ISSUE AND REVISION COPNTROL**

Rev.	Amendment	Submittal date	Approval Date	Approval Status
A	First Draft for 9 comment	22 Mar 12	9 Apr 12	C
B	Revised with changes incorporating comments from XXX and amendments to JV operational health and safety procedures.	7 Apr 12	4 May 12	C
C	Revised with changes incorporating comments from XXX and amendment to JV to JV operational health and Safety procedures.	12 June 12	25 June 12	C
D	Revised with changes incorporating comments from XXX and amendments to JV operational health and safety procedures.	4 July 12	TBA	TBA

### 1.3 Case Example 1-3

#### 1) Outline

First, all hazards are identified for each category of work (Excavation and Backfill, Working at Height, Operations for Heavy Machinery and for Electricity). Then, the effects of the hazards are considered to rank risks of each type of work. Contents of specific measures such as wearing Personal Protective Equipment (PPE) or devising work procedures are to be filled in the last column (Case Example 1-3-1).

Moreover, near miss incidents (i.e. potentially serious incidents) are also to be reported likewise more serious accidents in the same format (Case Example 1-3-2). Near miss incidents, which are more likely to occur, as subjects, more data will be collected for conducting an analysis on risk assessment.

#### 2) Case Example

The case examples 1-3-1 and 1-3-2 are on the following pages.

Risk Assessment Form	Case Example 1 - 3 - 1
----------------------	------------------------

<p style="text-align: center;"><b>Risk Assessment and Management</b></p> <p>Project: _____ Country: _____          Contractors Name: _____ Contract No.: _____</p> <p><b>Task: Excavation and Backfill</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Identify Hazard (Potential to do harm)</th> <th style="width: 25%;">Hazard effect (if the Hazard is released)</th> <th style="width: 10%;">Risk Ranking</th> <th style="width: 20%;">Control Measures (PPE, Procedures, etc.)</th> <th style="width: 20%;">Recovery Measures</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures																																																			<p>Project name Health and Safety Plan</p> <p>Approved: Name: _____ Signature: _____ Title: _____</p> <p>Prepared: Name: _____ Signature: _____ Title: _____</p>
Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures																																																				

Risk Assessment Form	Case Example 1 - 3 - 1
----------------------	------------------------

Project name  
Health and Safety Plan

**Risk Assessment and Management**

Project: \_\_\_\_\_ Country: \_\_\_\_\_  
 Contractors Name: \_\_\_\_\_ Contract No.: \_\_\_\_\_

**Task: Working at Height**

Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures

Approved: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Prepared: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Risk Assessment Form	Case Example 1 - 3 - 1
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Appendix 7: Sample of Risk Assessment and Management

Project name  
Health and Safety Plan

**Risk Assessment and Management**

Project: \_\_\_\_\_ Country: \_\_\_\_\_

Contractors Name: \_\_\_\_\_ Contract No.: \_\_\_\_\_

**Task: Heavy Lifting Operations**

Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures

Risk Assessment Form

Case Example 1 - 3 - 1

Project name  
Health and Safety Plan

**Risk Assessment and Management**

Project: \_\_\_\_\_ Country: \_\_\_\_\_

Contractors Name: \_\_\_\_\_ Contract No.: \_\_\_\_\_

**Task: Electricity**

Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures

Approved: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Prepared: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

<b>Risk Assessment Form</b>	<b>Case Example 1 - 3 - 2</b>
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Project Name: Health and Safety Plan FR: IAR-1/3																																																								
Appendix 4: Accident / Near Miss Report																																																								
<b>INCIDENT / ACCIDENT REPORT</b>																																																								
To: _____ File No.: _____																																																								
Details (To be completed by site engineer in charge within 24 hours)																																																								
Project: _____ Country _____ Contractors Name: _____ Contract No.: _____ Location of Incident: _____ Date: _____ Time: _____ Weather Condition: FINE[ ] RAIN[ ] COLD[ ] HOT[ ] Visibility: _____ Temperature _____																																																								
Name of Injured: _____ Nationality: _____ Dale of Birth: Day _____ Month _____ Year _____ ID NO.: _____ Sex: Male[ ] Female[ ] Occupation: _____ Activity at time of Accident: _____																																																								
Severity of Injury: Fatal[ ] Referred to Hospital[ ] Sent Home[ ] Return to Work[ ]																																																								
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">Parts of Body Injured</th> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">Types of Injury</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; padding: 2px;">Head [ ]</td> <td style="border: 1px solid black; padding: 2px;">Torso [ ]</td> <td style="border: 1px solid black; padding: 2px;">Crush [ ]</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Eyes [ ]</td> <td style="border: 1px solid black; padding: 2px;">Back [ ]</td> <td style="border: 1px solid black; padding: 2px;">Fracture [ ]</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Ears [ ]</td> <td style="border: 1px solid black; padding: 2px;">Abdomen [ ]</td> <td style="border: 1px solid black; padding: 2px;">Dislocation [ ]</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Face [ ]</td> <td style="border: 1px solid black; padding: 2px;">Hip [ ]</td> <td style="border: 1px solid black; padding: 2px;">Sever [ ]</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Neck [ ]</td> <td style="border: 1px solid black; padding: 2px;">Rump [ ]</td> <td style="border: 1px solid black; padding: 2px;">Laceration [ ]</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Shoulder [ ]</td> <td style="border: 1px solid black; padding: 2px;">Thigh [ ]</td> <td style="border: 1px solid black; padding: 2px;">Puncture Wound [ ]</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Arm [ ]</td> <td style="border: 1px solid black; padding: 2px;">Leg [ ]</td> <td style="border: 1px solid black; padding: 2px;">Abrasion [ ]</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Elbow [ ]</td> <td style="border: 1px solid black; padding: 2px;">Knee [ ]</td> <td style="border: 1px solid black; padding: 2px;">Bruise [ ]</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Wrist [ ]</td> <td style="border: 1px solid black; padding: 2px;">Foot [ ]</td> <td style="border: 1px solid black; padding: 2px;">Sprain / Strain [ ]</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Hand [ ]</td> <td style="border: 1px solid black; padding: 2px;">Ankle [ ]</td> <td style="border: 1px solid black; padding: 2px;">Electric Shock [ ]</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Finger [ ]</td> <td style="border: 1px solid black; padding: 2px;">Toe [ ]</td> <td style="border: 1px solid black; padding: 2px;">Burn [ ]</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Chest [ ]</td> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">Multiple [ ]</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Other:</td> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">Other:</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> </tbody> </table>	Parts of Body Injured		Types of Injury		Head [ ]	Torso [ ]	Crush [ ]		Eyes [ ]	Back [ ]	Fracture [ ]		Ears [ ]	Abdomen [ ]	Dislocation [ ]		Face [ ]	Hip [ ]	Sever [ ]		Neck [ ]	Rump [ ]	Laceration [ ]		Shoulder [ ]	Thigh [ ]	Puncture Wound [ ]		Arm [ ]	Leg [ ]	Abrasion [ ]		Elbow [ ]	Knee [ ]	Bruise [ ]		Wrist [ ]	Foot [ ]	Sprain / Strain [ ]		Hand [ ]	Ankle [ ]	Electric Shock [ ]		Finger [ ]	Toe [ ]	Burn [ ]		Chest [ ]		Multiple [ ]		Other:		Other:	
Parts of Body Injured		Types of Injury																																																						
Head [ ]	Torso [ ]	Crush [ ]																																																						
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Finger [ ]	Toe [ ]	Burn [ ]																																																						
Chest [ ]		Multiple [ ]																																																						
Other:		Other:																																																						
Witness Name: _____ Company: _____ ID No: _____ Name: _____ Company: _____ ID No: _____ Name: _____ Company: _____ ID No: _____																																																								

Risk Assessment Form	Case Example 1 - 3 - 2
----------------------	------------------------

Project Name:  
Health and Safety Plan  
FR: IAR-2/3

Appendix 4: Accident / Near Miss Report

How did Accident Occur	
Description: _____ _____ _____ _____ _____ _____ _____	Sketch(Continued on separate sheet if necessary)

How could this accident have been avoided State: _____ _____ _____
-----------------------------------------------------------------------------

(mark x one) A – Requirements / Guidelines not prepared B - Requirements / Guidelines not appropriate C - Requirements / Guidelines not complied		Does Incident relate to the one of the following: If Yes, mark appropriately	
A	B	C	Descriptions
			Leadership and Accountability
			Risk Assessment and Management
			People, Training and Behaviours
			Working with Contractors and Others
			Facilities Design and Construction
			Operation and Maintenance
			Management of Charge
			Information and Documentation
			Customers and Products
			Community and Stakeholder Awareness
			Crisis and Emergency Management
			Incident Analysis and Prevention
			Assessment, Assurance and Improvement

									Emergency Isolation
									Ground Disturbance
									Confined Space Entry
									Working at Height
									Lifting Operations
									Vehicle Safety
									Management of Change

Does Incident relate to Dropped Objects?	
Yes	
No	

Action to prevent reoccurrence

No.	Action	Responsible Person	Priority	Due Time
1				
2				
3				
4				
5				
6				

Risk Assessment Form	Case Example 1 - 3 - 2
----------------------	------------------------

Project Name:

Health and Safety Plan

FR: IAR-3/3

Appendix 4: Accident / Near Miss Report

What Action is being taken to Prevent Reoccurrence?

State \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Action: Yes[ ] No[ ] Date: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Follow-up Review (To be completed by the Engineer's Safety Department)

Do all actions taken meet the Engineer's satisfaction ? Yes[ ] No[ ]

If No, please state further actions required: \_\_\_\_\_

Close out: Yes[ ] No[ ] Date: \_\_\_\_\_

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

The Engineer's Review and Comments

\_\_\_\_\_

Report to the Employer: Yes[ ] No[ ] Lost Work Days: \_\_\_\_\_ Light Duty Days: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Distribution: The Employer, The Engineer, Construction Manager, Safety Manager .....

## 1.4 Case Example 1-4

### 1) Outline

In this case example, all possible types of accidents (including hazards and hazardous components) are identified for each type of work, and then they are considered to rate degree of seriousness. Degree of seriousness is multiplied by frequency rate to calculate the risks (which helps to decide the priorities of the countermeasures to be taken). Finally, after considering risk mitigation plans, they are listed to evaluate the risks after taking measures. It is notable that even with risk mitigation plans conducted; risk will not be zero as possibility of risk still remains. This case example resembles the Case Example 1-1.

This particular format is used for common construction work. Other formats for road construction, bridge construction, etc. are also available. Users can select to use appropriate format depending on the specific type of work and characteristics. It is considered as an example that the head office of corporation which accepted an offer and obtained OHSAS18001 tends to cope with safety management of overseas projects by a group of inspectors/persons in charge visiting applicable construction sites. .

### 2) Case Example

The Case Example 1-4 is on the following page.

# Risk Assessment Form

# Case Example 1 - 4

1. Risk Management Sheet for Common Construction Procedures																	
Type of work	Risky machinery, tools, materials	Legislation	Common operation	Identification of potential risks (assumed occurrence)	seriousness: a	Degree of possibility: b	Evaluation: a*b	Priority	Emergency event	Specific measures for risk mitigation (prevention measures of harmfulness/dangerousness)	Priority on taking measures	PPE / Personal Protective Equipment	Who?	Re-seriousness: a	Degree of recurrence: b	Re-evaluation: a*b	Risks remained
1	Operations on stepladders and ladders etc.	Scissorladders, ladders, tools		Falling of a ladder	6	8	48	5		Refrain from using heavy and highly objects during operation Refrain from operation in being forward Refrain from operation that generate reflective force Refrain from using ladders without reads Refrain from using ladders of the height of over 1.8m Refrain from using ladders at stairs and steps Refrain from using ladders on the temporary covers for openings Pay attention to sleeve bolts etc. during operation Refrain from extending legs of ladders especially on steps Ensure to set a block-itch properly Refrain from carrying bags or highly objects while getting on and getting off a ladder Refrain from jumping off a ladder	A	Safety belts	Workers	6	2	12	3
2	Operations on portable scissorladders	Portable scissorladders, tools		Breaking of a scissorladder of a ladder	6	2	12	3		Pay attention to sleeve bolts etc. during operation Ensure to set a block-itch properly Ensure three point mounting of a ladder Ensure to attach both sides of scissorladder properly and tightly	A	Safety belts	Workers	6	2	12	3
3	Operations on framework scissorladders	framework scissorladders, stage planks, ladders, vertical rails, tool		Falling of a ladder when getting on and getting off	6	4	24	4		Refrain from using heavy and highly objects during operation Refrain from operation that generate reflective force Refrain from handling forward during operation Refrain from having more than 2 persons working on a portable scissorladder Refrain from stepping onto one portable scissorladder from another Adjust the length of legs properly especially when being on rough surface and at steps Refrain from using ladders on the temporary covers for openings Pay attention to sleeve bolts etc. during operation Ensure to set a block-itch properly Refrain from extending legs of portable scissorladder especially on steps Refrain from getting on and getting off a portable scissorladder with a heavy or lengthy object Refrain from jumping off a portable scissorladder	A	Safety belts	Workers	6	2	12	3
				Falling of scissorladders	10	4	40	5		Ensure preventive measures such as handrails and safety nets etc. are checked thoroughly If preventive measures are not available, ensure to use safety belts Inspect scissorladders before starting operation	A	Safety belts	Freeman	6	2	12	3
				Breaking and breaking apart of scissorladders	6	4	24	4		Keep the total weight allowed on scissorladders below the regulation Ensure to attach both sides of scissorladder properly and tightly (and ensure to lock supplementary posts properly)	A		Workers	6	2	12	3

Risk Assessment Form

Case Example 1 - 4

LAW No. 1 Year 1970 regarding Working Safety															
4	Crane operations	Crane operation took lifted back	Falling off scaffolding when getting on and getting off from improper steps	10	4	40	5	Get on and get off a scaffolding using proper steps (refrain from using braces etc.)	EN		Workers	10	1	10	3
			Inspection of crane equipment not carried out	6	2	12	3	Check on the crane operation tools such as shackles, clamps and wire ropes etc. before operation	A	Safety belts	Person in charge for crane operations				
			Inappropriate crane operations	6	2	12	3	Dispose of defective equipment and materials	EL		Person in charge for crane operations				
			Workers entering into crane operation area	6	2	12	3	Select the proper crane operation process and tool that are suitable for targeted loads before the launch of operation (length, shape and weight etc.)	EN		Crane operator				
			Lifted loads moving back and forth and then hitting some other objects	10	4	40	5	Evacuate from the working radius before the launch of operation	A		Crane operator	10	1	10	3
								Launch of operation after confirmation of workers' evacuation	A						
								Call for other workers' attention by whistles or microphones	A						
								Set a hook right above lifting loads	A		Crane operator	10	1	10	3
								Check the balance of lifted loads just after hanging 1	A						
								Re-do if unbalanced condition is recognized	EN						
								Use assisting rope to minimize falling	EN						
								Ensure to fix lifted loads tightly and use appropriate lifting tools such as wire-rope shackles etc.	EN		Crane operator	10	1	10	3
								Use a crane of appropriate standard according to the weight of loads	EN						
								Set an off-limit rule for the crane operation space	A		Person in charge for crane operations				
								Check on the crane operation tools such as shackles, clamps and wire ropes etc. before operation	A	Safety belts	Person in charge for crane operations				
								Dispose of defective equipment and materials	EL						
								Select the proper crane operation process and tool that are suitable for targeted loads before the launch of operation (length, shape and weight etc.)	EN		Person in charge for crane operations				
								Evacuate from the working radius before the launch of operation	A		Crane operator				
								Launch of operation after confirmation of workers' evacuation	A						
								Call for other workers' attention by whistles or microphones	A						
								Set a hook right above lifting loads	A		Crane operator	10	1	10	3
								Check the balance of lifted loads just after hanging 1	A						
								Re-do if unbalanced condition is recognized	EN						
								Use assisting rope to minimize falling	EN						
								Ensure to fix lifted loads tightly and use appropriate lifting tools such as wire-rope shackles etc.	EN		Crane operator	10	1	10	3
								Use a crane of appropriate standard according to the weight of loads	EN						
								Set an off-limit rule for the crane operation space	A		Person in charge for crane operations				
								Use an appropriate crane (calculate and plan with 90% of the total capacity)	EN		Person in charge for crane operations	6	1	6	2
								Check the ground first and fully extend outriggers	EN		Operators				
								Strictly follow the safe working load (defined at zero loading capacity (crane carrying type))	A						

Risk Assessment Form

Case Example 1 - 4

LAW No. 1 Year 1970 regarding Working Safety											
No.	Description of Work	Frequency	Severity	Probability	Control Measures	Residual Risk	Responsible Person	Priority	Score		
6	Excavation by a hydraulic shovel and hydraulic shovel earth and sand	6	2	12	3	<p>Continuous measurement of filled loads by measuring gauges through the operation</p> <p>Always check the warning light and stop operation when its color changes from blue to yellow</p> <p>Check the height and angle of the jib and decide the weight of filled loads accordingly</p> <p>Check on filling weight properly (crane carrying type)</p> <p>Follow the proper operation suitable for the machine performance, especially for the safe working load etc.</p> <p>Set an off-limit rule for the crane operation space</p> <p>Prohibit moving backward</p> <p>Follow the direction guided by site conductors</p> <p>Install a safety motion sensor except small rotating type cranes</p> <p>Check on anchor wires etc.</p>	<p>Free man</p>				
		6	2	12	3	<p>Refrain from approaching too close to road shoulders, top of the slopes, or the ditches</p> <p>Check the stability of natural ground before starting the operation</p> <p>Do safety management under the instructions of operation manager</p> <p>Use a hydraulic shovel with crane function (excavator)</p> <p>Set an off-limit rule for the crane operation space</p> <p>Prohibit moving backward</p> <p>Follow the direction guided by site conductors</p> <p>Install a safety motion sensor except small rotating type cranes</p> <p>Drive only on instructed routes and roads</p> <p>Follow the direction guided by site conductors</p> <p>Confirm the signs before starting operation and give the signs in a good sight of the driver</p> <p>Set guardrails to prevent automobiles and persons from falling down</p> <p>Set an appropriate tool for getting on and getting off and fix it well</p>	<p>Operators</p> <p>Site worker</p> <p>Operators</p> <p>Site worker</p> <p>Operators</p> <p>Site worker</p> <p>Operators</p> <p>Drivers</p> <p>Flagmen</p> <p>Site worker</p>	6	2	12	3
7	Trucks (including dump trucks)	6	4	40	5	<p>Grate within the truck driver's visual range</p> <p>Allocate site conductors</p> <p>Display conspicuous equipment</p> <p>Pay good attention to traffic hazard assessment and study the conveyance route well</p> <p>Refrain from transferring with staying on the rear deck</p> <p>Check on anchor wires etc.</p> <p>Allocate site conductors</p> <p>Decide the appropriate height of jibs (and the number of steel sheets) when manage them accordingly</p>	<p>Site conductor</p> <p>Free man</p> <p>Free man</p> <p>Workers</p> <p>Free man</p> <p>Workers</p> <p>Free man</p>	10	1	10	3
8	Installation of steel sheets	6	2	12	3	<p>Falling down the rear deck of a running vehicle</p> <p>Equipment falling from rear deck and hitting workers during conveyance</p> <p>Collision with a truck</p> <p>Temporarily-pled steel sheets falling apart</p>	<p>Workers</p> <p>Free man</p> <p>Workers</p> <p>Free man</p>	10	1	10	3



Risk Assessment Form

Case Example 1 - 4

Activity	Task	Frequency	Duration	Exposure	Control Measures	Residual Risk	Initial Risk	Responsible Person	Priority
10 Base concrete placing Concrete pump vehicles, concrete mixing vehicles, mixers, concrete frames	Collision with a hydraulic shovel	10	4	40	5	Use a hydraulic shovel with crane function (excavator) Set an off limit orb for the crane operation space Prohibit moving backward Follow the direction guided by site conductors Install a safety motion sensor except small wearing type sensors Drive only on instructed routes and loads Follow the direction guided by site conductors	EN A A A EN A	Chief worker Chief worker	10 1 10 3
	Collision with a dump truck	6	2	12	3	Install a safety motion sensor except small wearing type sensors Drive only on instructed routes and loads Follow the direction guided by site conductors	EN A	Drivers	
	Inconsistency of signs	6	2	12	3	Confirm the sign before starting operation and give the sign in a good sight of the driver	A	Flagman	
	Falling into excavation area	6	2	12	3	Set guardrails to prevent automobiles and persons from falling down	EN	Chief worker	
	Common Operation 7: Collision between a truck and a site conductor	10	4	40	5	Set an appropriate tool for getting on and getting off and fix it well Guide within the truck driver's visual range	EN A	Site conductor	10 1 10 3
	Rolling down of a truck	6	2	12	3	Allocate site conductors Display connectable equipment	A A	Foreman Foreman	
	Pulling down the rear deck of a running vehicle	6	4	24	4	Refrain from transferring with staying on the rear deck	A	Workers	1 1 1 1
	Equipment falling from rear deck and hitting workers during conveyance	6	2	12	3	Check on anchor wires etc.	A	Foreman	
	Collision with a truck	6	2	12	3	Allocate site conductors	A	Workers	
	Collision with a bulldozer	10	2	20	4	Refrain from crossing a path just before and after the pass of a bulldozer Check design and draw the working space and keep a off limit zone	A A	Foreman Foreman	10 1 10 3
11 Extraction and dismantling of frameworks	Workers being buried alive by handbills	10	8	80	5	Manage the height of the excavation surface and always maintain the equilibrium slope	A	Chief worker	10 2 20 4
	Common Operation 7: Collision between a truck and a site conductor	10	4	40	5	Guide within the truck driver's visual range	A	Site conductor	10 1 10 3
	Rolling down of a truck	6	2	12	3	Allocate site conductors Display connectable equipment	A A	Foreman Foreman	
	Pulling down the rear deck of a running vehicle	6	4	24	4	Pay good attention to traffic hazard assessment and supply the conveyance route well	A	Workers	1 1 1 1
	Equipment falling from rear deck and hitting workers during conveyance	6	2	12	3	Check on anchor wires etc.	A	Foreman	
	Collision with a truck	6	2	12	3	Allocate site conductors	A	Workers	
	Overturn of a concrete pump vehicle	6	2	12	3	Check the ground first and fully extend outriggers	EN	Operators	
	Collision with a bucket	10	1	10	3	Refrain from approaching close to buckets while they are moving	A	Workers	
	Common Operation 5: Inspection of crane not carried out	6	2	12	3	Check on the crane operation tools such as shackles, clamps and wire ropes etc. before operation	A	Person in charge for crane operations	
	Concrete pump vehicles, concrete mixing vehicles, mixers, concrete frames								

Risk Assessment Form

Case Example 1 - 4

Incident Description	Frequency	Severity	Control Measures	Residual Risk	Responsible Person	Priority
Inappropriate crane operations	6	2	12	3	EN	Person in charge for crane operations
Workers entering into crane operation area	6	2	12	3	A	Crane operator
Lifted loads moving back and forth and then hitting some other objects	10	4	40	5	A	Crane operator
Falling of lifted loads	10	4	40	5	EN	Crane operator
Third persons' back into crane operation area	6	2	12	3	A	Person in charge for crane operations
Overturn of a crane	6	4	24	4	EN	Operators
Collision with a crane	10	4	40	5	A	Chief worker Operators
Equipment falling from rear deck and hitting workers during conveyance	6	2	12	3	A	Foreman
Collision between a truck and a site conductor	10	4	40	5	A	Site conductor
Rolling down of a truck	6	2	12	3	A	Foreman
Falling down the rear deck of a running vehicle	6	4	24	4	A	Workers
Equipment falling from rear deck and hitting workers during conveyance	6	2	12	3	A	Foreman
Collision with a truck	6	2	12	3	A	Workers

LAW No.1 Year 1970 regarding Work Safety







## 2 Operating Instructions

### 2.1 Case Example 2-1

#### 1) Outline

Case Example 2-1-1 is one of the corporate documents which informs persons concerned with the project to suspend the operation until project recommencement approval by the relevant division after taking proper countermeasures.

In relation to the above, this document is used as notification in the case a sort of hazard had been identified through corporate inspection but no countermeasure has been taken yet. This is a final notification to urge whoever in concern to take immediate actions for safety countermeasures within a given deadline (Case Example 2-1-2).

#### 2) Case Example

The Case Examples 2-1-1 and 2-1-2 are on the following pages.

Operating Instructions	Case Example 2 - 1 - 1
------------------------	------------------------

<b>Pause Notice</b>	
Safety Department	No.
Section:  Safety production is a basic principle of enterprise management, by inspection, your section has a severe hazard which is not able to comply with the relevant regulations. This notice is to inform you to suspend your operation on _____, until approval by project department after correction.	
C.C	
Date:	

Operating Instructions	Case Example 2 - 1 - 2
------------------------	------------------------

<b>Notice of Potential Risk Correction</b>	
Project Department	Safety Serial No.
Unit: ' _____	
<b>Responsibility</b>	
<p>Last inspection found there was a potential hazard, and notified you of correction in the name of project department with safety serial No,_, but still stay unchanged until now. For safety, health and smooth production, this is a final notice of taking prompt action to rectify the present status by the date of _.</p>	
C.c.	
Date:	

## 2.2 Case Example 2-2

### 1) Outline

These two case examples show a checklist targeting for cranes operated under mechanized construction (Case Example 2-2-1) and a defect notification form on them (Case Example 2-2-2). The former consists of 12 check items and each check item is supposed to be filled out by a crane operator. Should one fault be found on a crane truck, the latter will be noticed and the crane truck cannot be in operation according to the site regulations. In the latter format, a crane operator should describe a fault found on a crane, for which a manager of lifting operation needs to take countermeasures and describes them in details (such as when, where and what).

### 2) Case Example

The Case Examples 2-2-1 and 2-2-2 are on the following pages.

Operating Instructions

Case Example 2 - 2 - 1

Form 52

Report No:

**CRANE INSPECTION CHECKLIST**

At the beginning of each shift or working when the crane is in use, the crane operator should carry out the following routine checks:

1. Access to the crane's cabin is free from grease or other slippery substance, which may cause a person to slip.
2. Boom is not twisted, warped or dented.
3. Apparent defects on the slewing table and chassis.
4. Hook block is not cracked, opened up or deformed.
5. Safety catch on the hook is not cracked, opened up or deformed.
6. Swivel ball is able to rotate freely. (If any)
7. Hoisting wire ropes are free from kink, corrosion or fraying.
8. Winch drums and winches are free from visible defects.
9. House keeping in the cabin is good.
10. All safety devices including warning horn, traveling limit switch, hoisting limit switch, slewing limit switches and overloading alarm are in good working order.
11. Clutch and brakes are in good working order.
12. Counter-weight blocks are properly sized.

All items must be properly checked and unusual ones noted by the crane operator.

✓ - Good X - Defective (Problem) C - Concerned

No one shall operate the crane if any one of the above is not in order. Inform the lifting supervisor in-charge immediately.

Item	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
initial								

Name of Operator: \_\_\_\_\_ Date: From \_\_\_\_\_ To: \_\_\_\_\_

I.D. No: \_\_\_\_\_

Operating Instructions	Case Example 2 - 2 - 2
------------------------	------------------------

<b>Form 92</b>	<b>Report No: ...</b>
<b>CRANE FAULT NOTIFICATION FORM</b>	
Name and Signature of Operator: _____ Crane to be operated: Mobile/Crawler/Lower LM No: _____	
Location of Crane: _____ Date of Inspection: _____ Date of Notification: _____ Name of Lifting Supervisor: _____	
<hr/> <p>The operator of the above mentioned crane wishes to inform you (the Lifting Supervisor) that the crane has the following fault/defects after my routine check:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><b>Please arrange to make it good.</b></p> <hr/>	
<p><b>REMEMBER ACTION TAKEN BY LIFTING SUPERVISOR</b>                  (State below When, What &amp; When remedial action to be done)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<hr/> <p><b>ACTIONS COMPLETED</b>                  (State Done &amp; Time)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Name and Signature of Lifting Supervisor: _____ Date / Time: _____	

## 2.3 Case Example 2-3

### 1) Outline

This form is a sample of work permission based on the statistics that there have been lots of accidents in which many newly-employed workers have been involved (Case Example 2-3-1). The types of dangerous work (such as working in confined space, in high temperature, in excavation, under high-voltage cables, and near public facilities), details of work, risk mitigation measures etc. are listed. A newly-employed construction worker is to sign this document agreeing to work under aforementioned conditions and cancellation of permit.

Similar to the above is a permission of loading operation after temporary construction work (Case Example 2-3-2). It is important as the possibility of accidents under temporary construction work is higher. Listed in this document are check items such as formwork, falsework, strutting, excavation and others. It can be recognized it is a good example in that a number of inspectors simultaneously check the temporary construction works in order to secure the safety.

### 2) Case Example

The Case Examples 2-3-1 and 2-3-2 are on the following pages.



Operating Instructions	Case Example 2 - 3 - 2
------------------------	------------------------

Project Name

PROCEDURE NO.16-SAFETY MANAGEMENT

PERMIT TO LOAD/CONTINUE – PF 83

WORKS SECTION/LOCATION: WEIP/PKG...../..... REF:	DATE:
--------------------------------------------------------	-------

1. TEMPORARY WORKS ITEM (PLEASE TICK)

FORMWORK	FALSEWORK	STRUTTING	EXCAVATION
OTHER (PLEASE STATE)	<input style="width: 80px;" type="text"/>		

.....

2. INSPECTION DETAILS

A JOINT INSPECTION IS REQUESTED FOR THE ABOVE TEMPORARY WORKS TO ALLOW THE FOLLOWING ACTIVITY OF:

TO PROCEED

DATE OF INSPECTION:  REQUESTED BY:

.....

3. CONFIRMATION

I,....., CONFIRM THAT THE ABOVE TEMPORARY WORKS HAVE BEEN INSPECTED AND THAT THE FOLLOWING ACTIVITY MAY/MAY NOT PROCEED. (PLEASE REFER TO DETAILS BELOW.)

SIGNED

POSITION  DATE:

.....

4. COMMENTS/DETAILS

.....

## 2.4 Case Example 2-4

### 1) Outline

These are illustrations (for operations of soil extraction, slope cutting, masonry work, spraying, retaining walls installation, pavement, placing grid concrete and culverts installation etc.), which visually explain traffic control and safety plan for the site. As the sample is a road construction under severe geological features and weather condition, which leads to a higher possibility of landslides, this document is an outcome of efforts for safety assurance of the project.

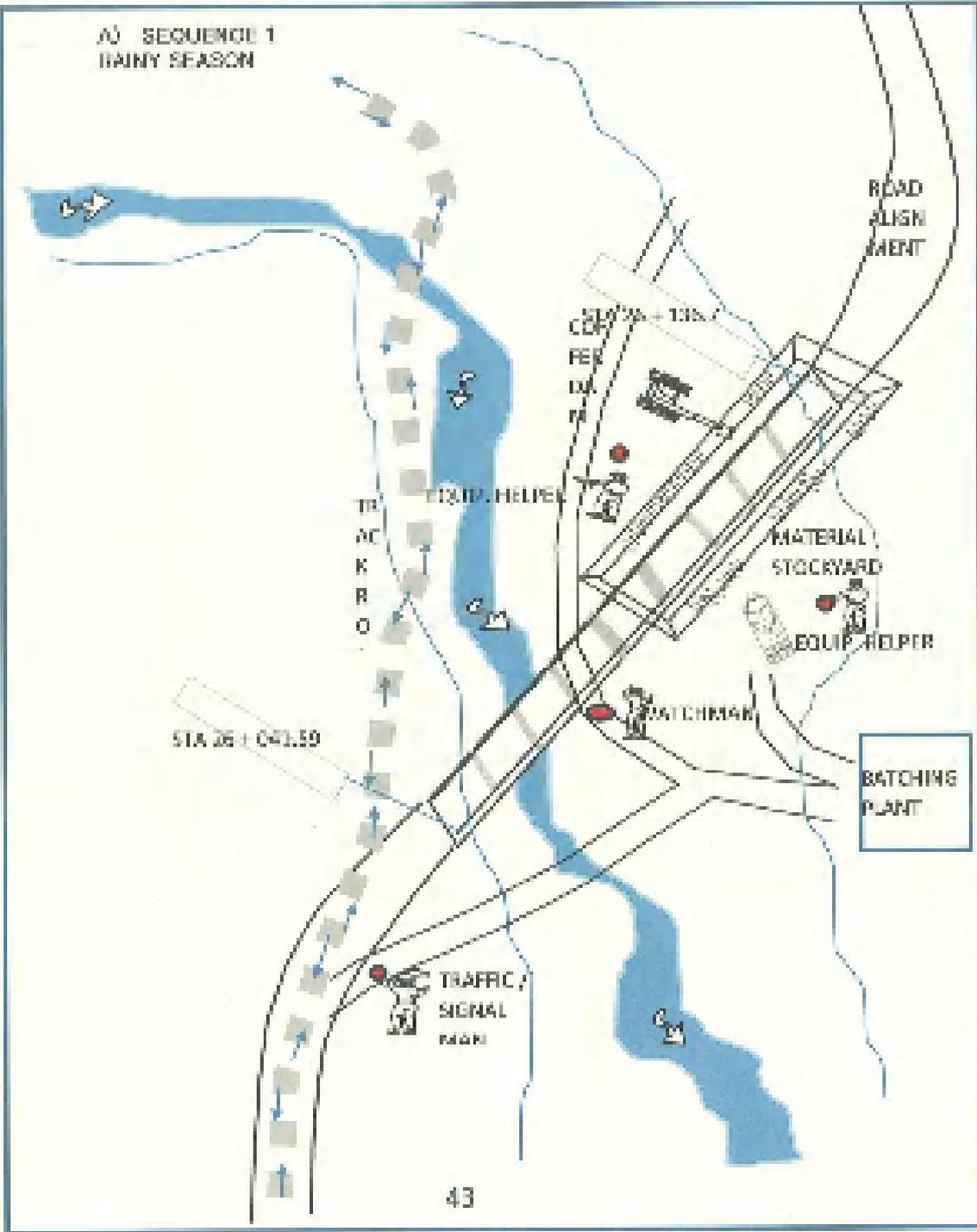
One of well-devised points of Case Example 2-4-1 is that the alignment of causeway is changed in rainy and in dry seasons. Case Example 2-4-2 is an easy to understand illustration which depicts expected danger of shotcrete which involves a number of construction machinery. In addition, accidents caused by a third party are common during construction, excavation and banking on current roads. Case Example 2-4-3 thoroughly expresses method of construction and traffic safety measures as well as arrangement of construction machinery in both a ground plan-map and a longitudinal plan-map (Case Example 2-4-3).

### 2) Case Example

The Case Examples 2-4-1, 2-4-2 and 2-4-3 are on the following pages.

Operating Instructions	Case Example 2 - 4 - 1
------------------------	------------------------

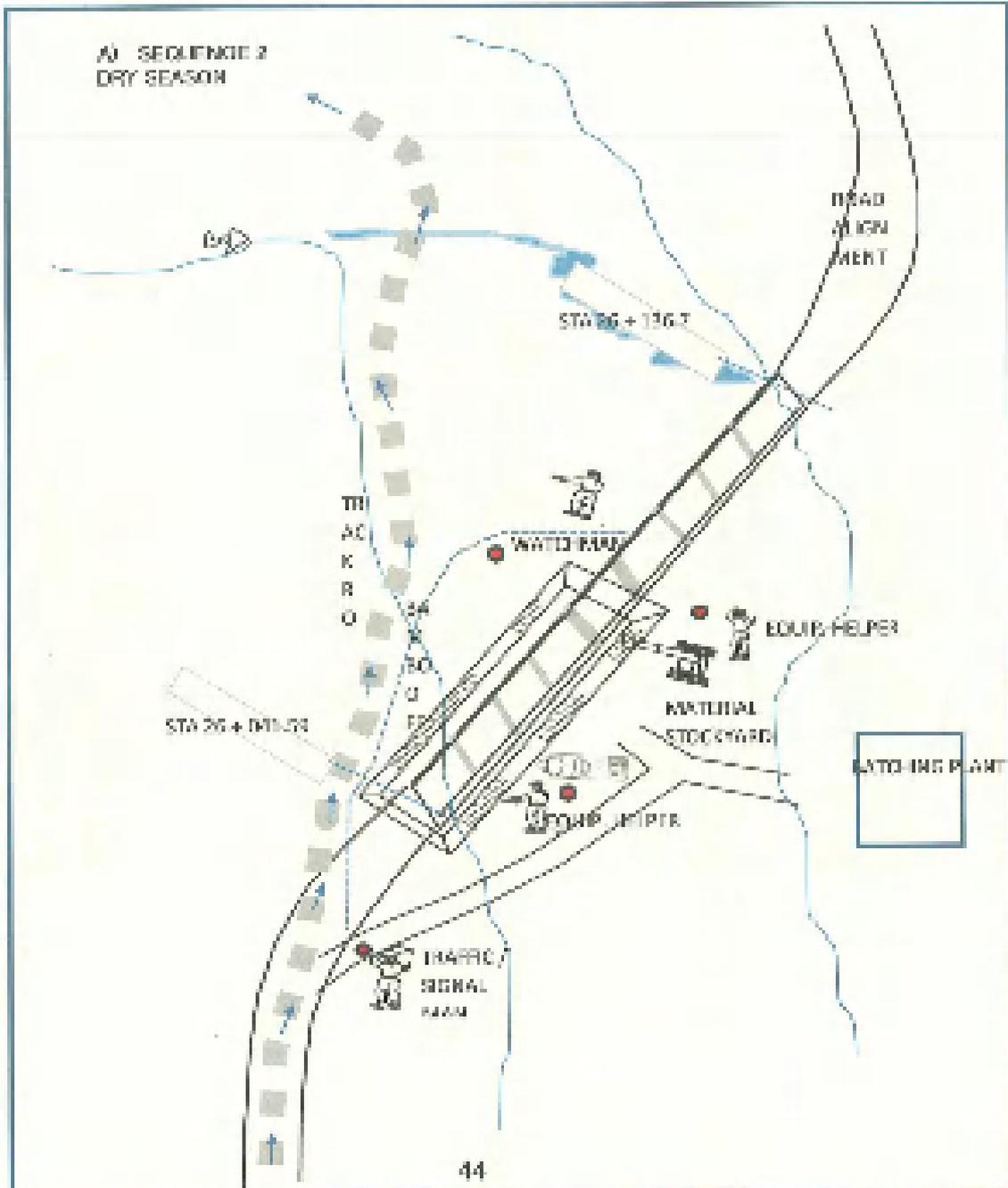
PROJECT FOR THE CONSTRUCTION OF \*\*\*\*\*  
TRAFFIC CONTROL AND SAFETY PLAN FOR GAUSEWAY

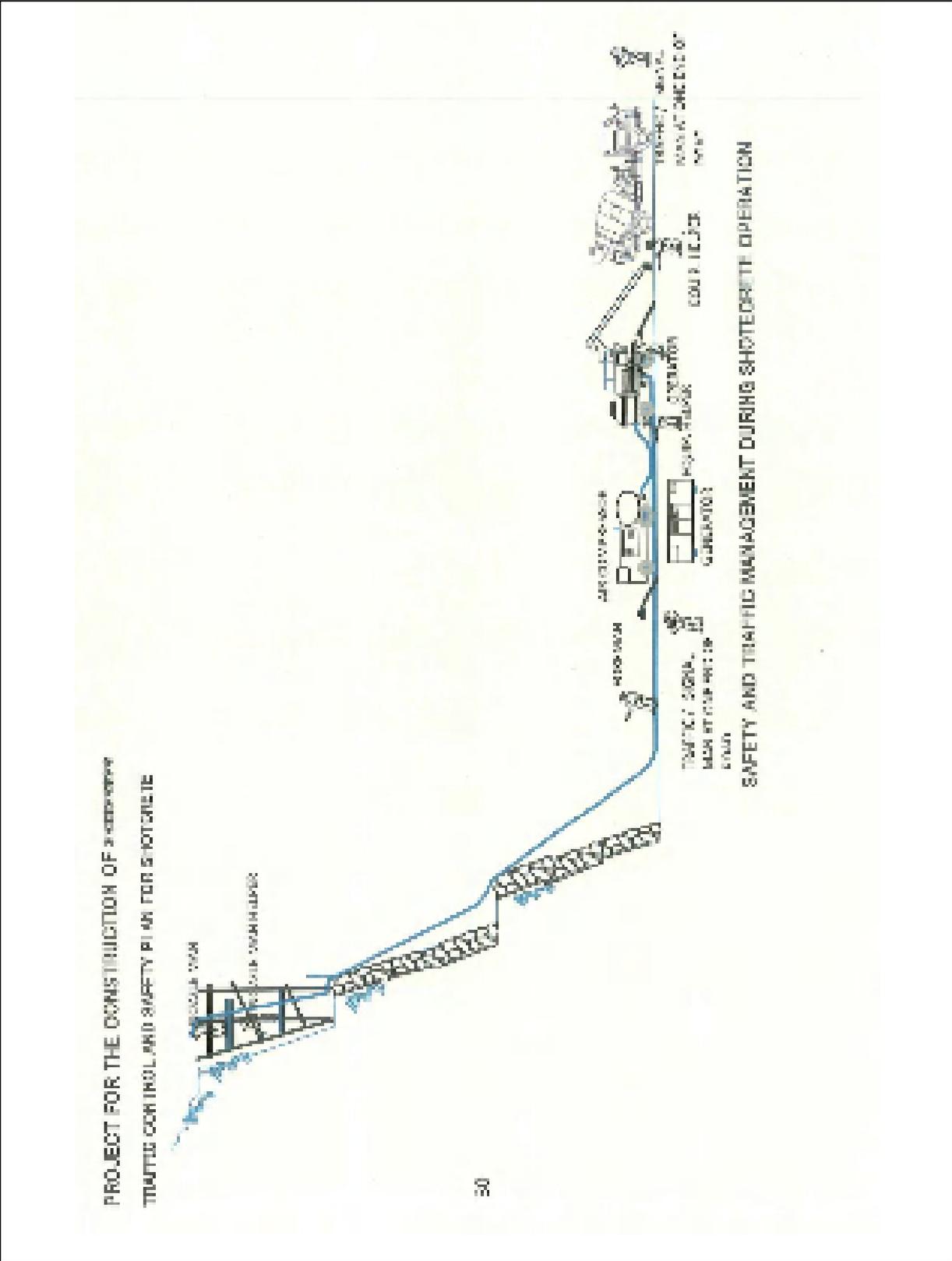


Operating Instructions

Case Example 2-4-1

PROJECT FOR THE CONSTRUCTION OF ~~XXXXXXXXXXXX~~  
TRAFFIC CONTROL AND SAFETY PLAN FOR CAUSEWAY







## 2.5 Case Example 2-5

### 1) Outline

Having already mentioned that newly-employed construction workers are more likely to encounter accidents, this document (Case Example 2-5-1) is a questionnaire for them, which intends to raise safety awareness. A newly-employed construction worker is requested to fill in ID number, company's name, qualifications and licenses obtained, contact address in emergency case, etc. and sign an oath of safety cooperation such as attending entry education course and wearing PPE etc.

Moreover, Case Example 2-5-2 is a notification form of dangerous material and harmful substances to use, which includes person in charge of handling of hazardous materials, names of hazardous materials, purposes of use, places of use, places of custody, period of use and ventilation. By signing these documents themselves, it is expected that new construction workers will be more aware for securing safety.

### 2) Case Example

The Case Examples 2-5-1 and 2-5-2 are on the following pages.

2. Operating Instructions

Operating Instructions	Case Example 2-5-1
------------------------	--------------------

										DATE of new Entry			No.
										Year	month	day	
This questionnaire is used as basic material of where to make contact confirmation when the emergency such as the injuries is generated and main contractor's management for safety and sanitations. Main contractor's person in keeping properly manages and keeps ut.													
Project ID					Explanatory Notes								
First subcontractor company's name					Affiliated company's name								
Company name													
First Name			Given Name			Occupation	Years of experience	Date of birth		Age			
Alphabet			Alphabet				years	/ /					
address							TEL	. .					
Contact in emergency case	address												
	TEL				Name		Relationship						
Your qualification and license	Qualification and license name					Acquired year		Qualification and license number					
Make an oath	I attended the new entry education of this project according to the attached instruction material, I swear to work safety by observing the rule of the this project (Especially, I wear the helmet, the safety shoes, and the reflection vest without fail.), and cooperating each other.												
	date	year		month		day		Signature					
	(opinion)					Project Manager	Deputy Project Manager			Person in Charge			

Operating Instructions	Case Example 2 - 5 - 2
------------------------	------------------------

No.6

Sign \_\_\_\_\_

(Day) (Month) (Year)

Notification of pit dangerous material and harmful matter to use

Project office name \_\_\_\_\_  
 Project manager name \_\_\_\_\_

Company name  
 (Subcontractor) \_\_\_\_\_  
 Person in charge \_\_\_\_\_ Sign

description

Material	Name of Material	Specification	Quantity	Description
Purpose and using location				
Stock location				
Period of service	(Day) (Month) (Year) to (Day) (Month) (Year)			
Person in charge				
Control dangerous materials the person in charge				
Ventilation a way and classify				
Remarks				

(Note)

- 1 This dangerous material is diesel oil, lamp oil, propane gas, acetylene gas.
- 2 This harmful matter is organic solvent, specified chemical substance (using coating and waterproof).

## 2.6 Case Example 2-6

### 1) Outline

While there are quite many checklists on safety patrol, checklists on safety instructions such as this Case Example 2-6 is rare and thus valuable. Case Example 2-6 is a very stringent checklist which consists of description and drawing of safety problems, delay from limited date, reasons of delay, instructions for improvement, and limit for improvement date etc.

### 2) Case Example

The Case Example 2-6 is on the following page.

Operating Instructions

Case Example 2 - 6

Appendix 9 <b>SAFETY INSTRUCTION REPORT</b>		FR: SIR-01	
		Project Name	
		Date	Year
		Month	
		Reported by	
Place			
Subcontractor's Name			
Ditto in charged Persons Name			
		Work kind	
Safety Problem with Easy Drawing		In charged Person's Name	
		Instruction for Improvement	
		Confirmation when Instructed	
Time Limit for Improvement Date		Project Manager	Subcontractor In charged Person
Actual Improved Date		Safety Officer	In charged Engineer
Delay from Limited Date		Safety Assistant	
		Confirmation when Completed	
Reason of Delay		Project Manager	Subcontractor In charged Person
Penalty of Delay		Safety Officer	In charged Engineer
		Safety Assistant	



## 3 Record of Meetings

### 3.1 Case Example 3-1

#### 1) Outline

This document is similar to a daily report format. Each worker of working groups should fill in the plan and the actual result of the daily work so that a comparison between the plan and the actual work done is clearly shown. Additionally, a number of construction machinery and its types should also be added. Attached is a ground map of work site, on which workers mark the sections they have worked. Moreover, instructions on safety, quality and environment and other notes can be added to the last column. If construction workers change day to day, the comparison between the plan and the result may be unclear.

#### 2) Case Example

The Case Example 3-1 is on the following page.



## 4 Weekly & Monthly Report

### 4.1 Case Example 4-1

#### 1) Outline

This case example is a simple and basic monthly report format, which includes total manpower, a number of safety meetings organized at site, a number of occupational safety awareness programs conducted at site, a number of fatal accidents, a number of other accidents and total working hours spent etc. There are two columns for each item, one for total number of the month, another for cumulative total number. It is also possible to add comments on the format. However, when considering safety management on an individual basis, there is a need to look at other documents such as patrol checklists.

#### 2) Case Example

The Case Example 4-1 is on the following page.

Monthly Report	Case Example 4 - 1
----------------	--------------------

<b>MONTHLY SAFETY REPORT</b>		
<b>Actual Work start Date:</b>	<b>For the Month of:</b>	
<b>Project:</b> _____	<b>Report No:</b> _____	
<b>Name of the sub-Contractor:</b>	<b>Status as on:</b>	
<b>Name of work:</b> _____	<b>Name of Designated Safety Officer:</b>	
ITEM	THIS MONTH	CUMULATIVE
<b>Total Strength (Staff + Workmen)</b>		
<b>No of Safety Meetings organized at site</b>		
<b>No of HSE awareness programs conducted at site</b>		
<b>Whether Workmen health Policy taken</b>		
<b>Whether Workmen health Policy is valid</b>		
<b>Whether workmen registered under</b>		
<b>Number of Fatal accidents</b>		
<b>Number of Reportable Accidents (Non Fatal)</b>		
<b>Other accidents (Non Reportable)</b>		
<b>Total no of Accidents</b>		
<b>Total Man Hrs worked</b>		
_____ _____ _____		
<b>Incidence Rate</b> _____		
<b>No of Fire Incidents</b> _____		
<b>No of First Aid Cases</b> _____		
<b>No of Near Miss Incidents</b> _____		
<b>Compensation Cases</b> _____		
_____		
<b>No of Violations of Health and Safety provisions</b> _____		
<b>Remarks, if any</b>		
<b>Date:</b>		
<b>Safety Officer</b>		
<b>(Signature and Name)</b>		

## 4.2 Case Example 4-2

### 1) Outline

This case example is a weekly and monthly report format regarding safety management, which consists of name of item, location, inspection result, date of action and signature (Case Example 4-2-1). It can be said that this format is more systematized than the earlier Case Example 4-2-1 as it allows the inspectors to check whether any action of countermeasures are taken on the same page. Case Example 4-2-2 is a weekly safety check sheet, thus there are less items to check. Moreover, Case Example 4-2-3 is a record of issuance of PPE in which types of PPE, name of the worker and his/her signature are to be filled. It is easy to grasp a general view.

### 2) Case Example

The Case Examples 4-2-1, 4-2-2 and 4-2-3 are on the following pages.

Weekly & Monthly Report	Case Example 4 - 2 - 1
-------------------------	------------------------

PROJECT NAME

PROJECT HEALTH & SAFETY PLAN

**FORM S1**

**Report No:**

**Weekly/Monthly Safety Inspection Report**

Inspection Area		
Date		
Participants		

**SITE LOCATION CODES**

ITEM	DESCRIPTION	LOCATION	VIOLATION / OBSERVATION	ACTION BY DATE	DATE ACTIONED & SIGN
<b>GENERAL SITE CONDITION</b>					
1.0					
1.1	Housekeeping		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Projecting Nail <input type="checkbox"/> Debris & Scraps <input type="checkbox"/> N/A or Others, please specify		
1.2	Access & Egress		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Blocked <input type="checkbox"/> Not Provided <input type="checkbox"/> Corrective safety measures to be taken		
1.3	First-Aid Box		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Insufficient Medical Items <input type="checkbox"/> No list of qualified First-Aid Personnel <input type="checkbox"/> No "First-Aid" Mark <input type="checkbox"/> Not Provided		
1.4	Fire Extinguisher		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Maintenance Period Expired <input type="checkbox"/> Improper Hanging <input type="checkbox"/> Not Provided <input type="checkbox"/> N/A Others, please specify:		
1.5	Safety Representative Weekly Report		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Yet Completed <input type="checkbox"/> N/A or others, please specify		
1.6	Notice of Empl. Of Safety Officer Safety Supervisor		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Posted <input type="checkbox"/> Others please specify	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Posted <input type="checkbox"/> Others please specify	
1.7	Dangerous Goods		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Labeled <input type="checkbox"/> Improper Storage <input type="checkbox"/> N/A or others, please specify		
<b>LIFTING APPLIANCE &amp; LIFTING GEAR</b>					
2.0					
2.1	Mobile Crane		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Weekly Inspection Report <input type="checkbox"/> No SWL clearly posted <input type="checkbox"/> No Statutory Test & Thorough Examination Certificates <input type="checkbox"/> Use of outriggers <input type="checkbox"/> Capacity & Lifting Radius Chart <input type="checkbox"/> Use of Signalman <input type="checkbox"/> Unauthorized riding of crane <input type="checkbox"/> Riding Loads or Hook <input type="checkbox"/> Operation Near Overhead Power Lines <input type="checkbox"/> Remote Control Status/Battery <input type="checkbox"/> Communication Device <input type="checkbox"/> Lifting Capacity Warning (Bell) <input type="checkbox"/> Travel Warning Device <input type="checkbox"/> Broken/Fatigue Failure Wires <input type="checkbox"/> N/A or Other, please specify		
2.2	Lifting Gear		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No SWL mark or stamp <input type="checkbox"/> Broken Wires <input type="checkbox"/> No Marking <input type="checkbox"/> No Statutory Test Certificates <input type="checkbox"/> No Statutory Examination Report <input type="checkbox"/> N/A or others, please specify		

Weekly & Monthly Report	Case Example 4 - 2 - 1
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PROJECT NAME  
PROJECT HEALTH & SAFETY PLAN

ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTIONED & SIGN
<b>4.0 PLANT &amp; EQUIPMENT</b>					
4.1	Winch or Lift		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Communication Device Defective/Malfunction <input type="checkbox"/> No Statutory Test & Thorough Examination Certificates <input type="checkbox"/> No Weekly Inspection Report <input type="checkbox"/> No SWL & Max. Person Notice <input type="checkbox"/> N/A or Others, please specify		
4.2	Woodworking Machine		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Safety Guards <input type="checkbox"/> N/A or Others, please specify		
4.3	Abrasive Wheel		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Safety Guards <input type="checkbox"/> No Warning Notice <input type="checkbox"/> N/A or Others, Please specify		
4.4	Arc Welding Machine		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Earthing <input type="checkbox"/> Out Going Cables w/ o Protection <input type="checkbox"/> Live Parts Not Insulated <input type="checkbox"/> Unsatisfactory. <input type="checkbox"/> N/A or Others, please specify		
4.5	Oxy-Acetylene Cutting		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Flashback Arrestors <input type="checkbox"/> Not Labeled (Acetylene) <input type="checkbox"/> Not Kept Upright <input type="checkbox"/> PPE Not in use. <input type="checkbox"/> N/A or others please specify		
<b>5.0 TEMPORARY ELECTRICAL INSTALLATION</b>					
5.1	Distribution Board & Switch		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No ELCB <input type="checkbox"/> Unlocked <input type="checkbox"/> No Warning Sign <input type="checkbox"/> Proper earthing <input type="checkbox"/> N/A or Others, Please specify		
5.2	Outgoing Wiring, Plug & Socket		<input type="checkbox"/> No Protection Against Physical Damage <input type="checkbox"/> Satisfactory <input type="checkbox"/> No insulation <input type="checkbox"/> No Earthing <input type="checkbox"/> No Protection Against Physical Damage		
5.3	Portable Lighting		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No earthing <input type="checkbox"/> Damaged Bulb/Cover <input type="checkbox"/> N/A or Others, please specify		
5.4	Lightning Conductors		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Properly Grounded <input type="checkbox"/> N/A or Others, please specify		
<b>6.0 WORK AT HEIGHT</b>					
6.1	Scaffolding		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Monthly Inspection Report <input type="checkbox"/> Inadequate Bracing <input type="checkbox"/> Damaged Scaffolds <input type="checkbox"/> No Base-Plate <input type="checkbox"/> Damage Scaffolds <input type="checkbox"/> N/A or others, please specify		
6.2	Working Platform (Fixed/Mobile)		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Damaged Scaffolds <input type="checkbox"/> No Access <input type="checkbox"/> Wheel Unlocked At Work <input type="checkbox"/> No Guard rails/toe board <input type="checkbox"/> Not Closely Boarded <input type="checkbox"/> No Monthly Inspection Report <input type="checkbox"/> N/A or Others, please specify		

Weekly & Monthly Report	Case Example 4 - 2 - 1
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PROJECT NAME					
<u>PROJECT HEALTH &amp; SAFETY PLAN</u>					
ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTIONED & SIGN
6.3	Ladder		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Secured Its Top & Bottom <input type="checkbox"/> Damaged Rungs <input type="checkbox"/> Not Extended 1m At the Landing <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A or Other, please specify		
7.0	<b>WORK PERMIT SYSTEM</b>				
7.1	Gas Testing Report		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No yet completed/updated <input type="checkbox"/> So far not introduced <input type="checkbox"/> N/A or Others, please specify		
7.2	Communication System/Device		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Provided <input type="checkbox"/> Defective/Malfunction <input type="checkbox"/> N/A or Others, please specify		
8.0	<b>PERSONAL PROTECTIVE EQUIPMENT &amp; Employee Practices</b>				
8.1	General Safety Gear		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Safety Helmet <input type="checkbox"/> Safety jacket <input type="checkbox"/> No Safety Shoes <input type="checkbox"/> No Eye Protector <input type="checkbox"/> No Ear Protector <input type="checkbox"/> No Safety Belt <input type="checkbox"/> No Dust Mask/Respirator <input type="checkbox"/> Unsatisfactory		
8.2	Employee Practice		<input type="checkbox"/> Reporting Injuries <input type="checkbox"/> Reporting Damage <input type="checkbox"/> Housekeeping <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Personal Protective Devices <input type="checkbox"/> Drunkenness <input type="checkbox"/> Horseplay <input type="checkbox"/> Unauthorized Operation <input type="checkbox"/> Unsafe Fueling Equipment <input type="checkbox"/> Unsafe Erection of Scaffold <input type="checkbox"/> Unsafe use of Ladders <input type="checkbox"/> Unsafe Lifting <input type="checkbox"/> Using Broken tools <input type="checkbox"/> Using Unsafe Welding Cable <input type="checkbox"/> Using Unsafe Power Tools <input type="checkbox"/> Unsafe use of Gas Bottles <input type="checkbox"/> Ridding with loads in truck <input type="checkbox"/> Under Suspended load <input type="checkbox"/> Unsafe Riding of Equipment <input type="checkbox"/> Open fires <input type="checkbox"/> Failure to bend/remove nails <input type="checkbox"/> Unauthorized entry		
9.0	<b>DANGEROUS GOODS HANDLING</b>				
9.1	Explosives		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Wooden storage boxes <input type="checkbox"/> Detonators <input type="checkbox"/> Explosives <input type="checkbox"/> Stock book maintained, order and delivery records <input type="checkbox"/> Warning labels, "Danger- Detonators" in Eng. + Singhalese <input type="checkbox"/> Blasting permit <input type="checkbox"/> Transporting of Explosives. <input type="checkbox"/> Fitness of the vehicle <input type="checkbox"/> Authorized shot firer <input type="checkbox"/> Register of blasting operations <input type="checkbox"/> N/A or others, please specify		
9.2	Compressed gas		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Designated storage area and proper use of storage <input type="checkbox"/> Security of storage area <input type="checkbox"/> Labeling <input type="checkbox"/> Warning signs <input type="checkbox"/> Not Securing gas bottles (up-right) <input type="checkbox"/> N/a OR others, please specify		

Weekly &amp; Monthly Report

Case Example 4 - 2 - 1

PROJECT NAME  
PROJECT HEALTH & SAFETY PLAN

ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTION D & SIGN
9.3	Corrosive substances		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Warning markings, handling requirements <input type="checkbox"/> Satisfactory packing <input type="checkbox"/> Absorbent near-by <input type="checkbox"/> Ventilation		
9.4	Others		<input type="checkbox"/> Poisonous substances <input type="checkbox"/> Inflammables		
10.0	<b>AIR POLLUTION</b>				
10.1	Generators	1. 2. 3. 4.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Black smoke <input type="checkbox"/> Leaking Oil <input type="checkbox"/> Others, Please specify		
10.2	Earth moving equipment	1. 2. 3 4	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Black smoke <input type="checkbox"/> Leaking oil <input type="checkbox"/> N/A or others, please specify		
10.3	Vehicles, locomotives, other fuel burning engines	1. 2. 3. 4.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Black smoke <input type="checkbox"/> Leaking oil <input type="checkbox"/> N/A or others, please specify		
10.4	Dust	1. 2. 3. 4.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Site dusty <input type="checkbox"/> Inadequate spraying <input type="checkbox"/> N/A or others, please specify		
1.0	<b>WATER POLLUTION</b>				
1.1	General house-cleaning		<input type="checkbox"/> Oil/diesel stains on ground <input type="checkbox"/> Garbage scattered all over the site. <input type="checkbox"/> N/A or others, please specify		
1.2	Maintenance of de-silting tank	1. 2. 3.	<input type="checkbox"/> Odors <input type="checkbox"/> Oil sheen/Visible grease <input type="checkbox"/> Turbidity <input type="checkbox"/> Foam <input type="checkbox"/> Colour <input type="checkbox"/> Tank full of silt <input type="checkbox"/> N/A or others, please specify		
1.3	Neutralization Tank	1. 2.	<input type="checkbox"/> Odors <input type="checkbox"/> Oil sheen/Visible grease <input type="checkbox"/> Turbidity <input type="checkbox"/> Foam <input type="checkbox"/> Colour <input type="checkbox"/> Tank full of silt <input type="checkbox"/> No neutralization record <input type="checkbox"/> No monitoring of waste water pH <input type="checkbox"/> Containment of acid storage area <input type="checkbox"/> N/A or others, please specify		
1.4	Floor drains		<input type="checkbox"/> Signs of pouring oil/diesel into drains <input type="checkbox"/> Contaminated with chemicals (e.g. oil, diesel etc..) <input type="checkbox"/> Blocked by debris/garbage <input type="checkbox"/> Storage of chemicals nearby <input type="checkbox"/> N/A or others, please specify		
12	<b>EARTH POLLUTION</b>				
12.1	Using earthmoving equipment and chemicals		<input type="checkbox"/> Oils spills on the ground <input type="checkbox"/> Chemical spills <input type="checkbox"/> Dumping waste concrete <input type="checkbox"/> Used Batteries <input type="checkbox"/> Plastics bags etc., <input type="checkbox"/> Dumping tires <input type="checkbox"/> Glasses <input type="checkbox"/> N/A or others specify		
13	<b>HAZARDOUS MATERIAL HANDLING AND STORAGE</b>				
13.1	Waste/garbage bins		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Pollutants (e.g. waste chemical containers, rags, and batteries etc., dumped in bins. <input type="checkbox"/> Recyclables (e.g. metal) dumped in garbage bins <input type="checkbox"/> N/A or others, please specify		

Weekly & Monthly Report	Case Example 4 - 2 - 1
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PROJECT NAME <u>PROJECT HEALTH &amp; SAFETY PLAN</u>					
ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTION D & SIGN
13.2	Chemical dispensing		<input type="checkbox"/> Drums/containers not effectively closed <input type="checkbox"/> No drip pans/trays <input type="checkbox"/> Extensive spillage on floor/ground <input type="checkbox"/> Waste chemical on the external surface of the containers <input type="checkbox"/> No grounding of drums <input type="checkbox"/> No Warning signs <input type="checkbox"/> No overhead covering/protection from rainwater flooding <input type="checkbox"/> Spilled chemicals in drip tray not pumped out <input type="checkbox"/> No Emergency equipment <input type="checkbox"/> Funnels not used. <input type="checkbox"/> N/A or others, please specify <input type="checkbox"/> Interaction with water <input type="checkbox"/> Strong supporter of combustion <input type="checkbox"/> Readily combustible <input type="checkbox"/> Liable to spontaneous combustion <input type="checkbox"/> Others		
13.3	Waste types		<input type="checkbox"/> Drums/containers not effectively closed. <input type="checkbox"/> Not stored in designated drums <input type="checkbox"/> No drip pans/trays <input type="checkbox"/> Extensive spillage on floor/ground <input type="checkbox"/> Waste chemicals on the external surface of the containers <input type="checkbox"/> No labels on drums <input type="checkbox"/> No, or ineffective, bonding <input type="checkbox"/> No warning signs <input type="checkbox"/> No overhead covering <input type="checkbox"/> No ventilation <input type="checkbox"/> No emergency equipment <input type="checkbox"/> Funnels not used <input type="checkbox"/> Maximum volume not posted or maximum volume exceeded <input type="checkbox"/> N/A or others, please specify.		
13.4	Cleaning solvents	Metal works Hop	<input type="checkbox"/> No designated storage drums <input type="checkbox"/> Drums/containers not effectively closed. <input type="checkbox"/> No drip pans/trays <input type="checkbox"/> Extensive oil/diesel spillage on ground <input type="checkbox"/> Soaking tray placed in heavy traffic area <input type="checkbox"/> No emergency equipment <input type="checkbox"/> Funnels not used <input type="checkbox"/> N/A or others, please specify		
13.5	Chemical storage		<input type="checkbox"/> No, or ineffective, bonding <input type="checkbox"/> Drums/containers not effectively closed. <input type="checkbox"/> No drip pans/ trays <input type="checkbox"/> Extensive oil/diesel spillage on ground <input type="checkbox"/> Waste chemical on the external surface of the containers <input type="checkbox"/> No warning signs <input type="checkbox"/> No overhead covering <input type="checkbox"/> No ventilated <input type="checkbox"/> No emergency equipment <input type="checkbox"/> No maximum storage quantity posted, or quantity exceeded <input type="checkbox"/> No inventory <input type="checkbox"/> N/A or others, please specify		
13.6	Above ground diesel tanks		<input type="checkbox"/> Extensive diesel spillage on ground <input type="checkbox"/> No bending /no drip pans when pumping diesel <input type="checkbox"/> No drip buckets for dispensing hoses/pump <input type="checkbox"/> Integrity of tank not satisfactory <input type="checkbox"/> Leaking pipes/ connectors/ pumps <input type="checkbox"/> Roof not provided <input type="checkbox"/> Located too close to storm drain inlets <input type="checkbox"/> Banding discharge valve not closed <input type="checkbox"/> N/A or others, please specify.		
13.7	Oil change		<input type="checkbox"/> No drip pans / spills / stains / housekeeping <input type="checkbox"/> Waste oil not poured into designated waste oil drums <input type="checkbox"/> Dirty oil filters dumped into garbage <input type="checkbox"/> N/A or others, please specify		

Weekly & Monthly Report	Case Example 4 - 2 - 1
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PROJECT NAME <u>PROJECT HEALTH &amp; SAFETY PLAN</u>					
ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTION D & SIGN
<b>14 WASTE MANAGEMENT</b>					
14.1	Waste types		<input type="checkbox"/> Chemical <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Radioactive <input type="checkbox"/> Construction/ work <input type="checkbox"/> N/A or others, please specify		
14.2	Storage Containers		<input type="checkbox"/> Container Integrity not satisfactory <input type="checkbox"/> No labeling <input type="checkbox"/> Drums/ containers not effectively closed <input type="checkbox"/> Waste chemical on the external surface of the containers <input type="checkbox"/> Handling Instructions not posted at dispenser. <input type="checkbox"/> N/A or others, please specify		
14.3	Housekeeping		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Miscellaneous items are stored here <input type="checkbox"/> Improper stacking of drums <input type="checkbox"/> Isle too narrow or not cleared of obstacles <input type="checkbox"/> N/A or other, please specify		
14.4	Records		<input type="checkbox"/> No inventory records <input type="checkbox"/> No shipment manifests <input type="checkbox"/> N/A or others, please specify		
14.5	Storage containers		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Container integrity not satisfactory <input type="checkbox"/> No labeling - <input type="checkbox"/> Drums/containers not effectively closed <input type="checkbox"/> Waste chemical on the external surface of the containers <input type="checkbox"/> Handling instructions not posted at dispenser		
14.6	House keeping		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Miscellaneous items are stored here <input type="checkbox"/> Improper stacking of drums <input type="checkbox"/> Isle too narrow or not cleared of obstacles <input type="checkbox"/> Inadequate bounding volume <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Directly connected to drains <input type="checkbox"/> Inadequate space for handling waste containers <input type="checkbox"/> Not provided with a roof <input type="checkbox"/> Not secured by lock(s) <input type="checkbox"/> No warning signs/maximum quantity or volume <input type="checkbox"/> No emergency equipment <input type="checkbox"/> N/A or others, please specify		
14.7	Storage area		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Non-Government approved waste remover <input type="checkbox"/> Non-Government approved treatment facility <input type="checkbox"/> No shipment manifests <input type="checkbox"/> N/A or others, please specify		
<b>SUMMARY NOTES</b>					<b>Action to be taken by</b>
14.8	Construction Activities				

Weekly & Monthly Report	Case Example 4 - 2 - 2
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PROJECT NAME

PROJECT HEALTH & SAFETY PLAN

**FORM S13** **Report No: .....**

**WEEKLY SAFETY CHECK SHEET**

Date:	Location:	Officer In charge:	
Sub Contractor:		From	To
Officer In charge			

Safety Boards (Working in the Public Roads/Places)		Sun	Mo	Tue	We	Thu	Fri	Sa
1	Sign Boards required according to the work Site							
2	Flag men with Traffic Jackets							
3	Safety Cones (sufficient number for the site)							
4	Barricade Tape							

**Working Under the Bridges & Elevated Stages/ Safety Precautions**

1	Safety Nets							
2	Standing Rebar Edge Protection							
3	Wooden. Gangway							
4	Guardrails							
5	Foot Bridges							
6	Walk Ways							
7	Safety Belts							
8	Safety Helmets /Chin Guard Tightened							
9	Safety Shoes/ Boots							
10	Safety of Ladders							
11	Tools & Equipments are in Good Condition							

**Excavation Sites/ Collapsible Areas**

1	Mechanical Condition of Excavator/JCB							
2	Underground Obstructions (Water pipe, Telecom Cables)							
3	Electricity Cables & Telecom Cables above the site							
4	Condition of Soil is Collapsible							
5	Timber pile sheets are available for Shoring							
6	Steel Sheet Piles are available for Shoring							
7	Jacks & Supports							
8	No third party shall enter in to the site							
9	First aid officer is in the site							

**Safety Precaution for Night Works**

1	Generators							
2	Lights 1000W / 500W							
3	Blinking Lights/Warning Lights							
4	Safety Boards							
5	Flag Men / Signal Men to Control the Traffic							
6	Permission from Relevant Authority							
7	Inform to Environment Before Commencing Work							
8	Inform to Police							

Weekly & Monthly Report	Case Example 4 - 2 - 2
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PROJECT NAME  
PROJECT HEALTH & SAFETY PLAN

1	Check Welding Equipment is in Good Working Order							
2	Fire Extinguishers are Available							
3	Check Flammable Liquids or Aerosol Cans are around							
4	“NO SMOKING” Sign Boards							
5	Do not let anybody to watch the Arc of an Arc Welder in Operation							
6	Check Acetylene Regulator Pressures it should never be allowed To exceed 103kp							

**Check Proper Protective Clothing and Equipments**

1	Leather Gloves							
2	Long Sleeve Shirts or Hand Protector							
3	Eye and Face Protector Shield							
4	Goggles							
5	Helmet or Hard Hat							
6	Safety boot or shoe							

**Discharge of Excess Soil**

1	Is the Land Approved by the Relevant Authority?							
2	House Keeping							
3	Fire Extinguisher							
4	Traffic Control							
5	First Aid							
6	Blasting Communication							
7	Explosive Handling							
8	Unsafe Machineries & Vehicles							
9	Working under the influence of Alcohol							
10	Other Unsafe Activities (Specify) .....							

**Special Comments:**

.....  
 .....  
 .....  
 .....  
 .....

Safety Officer  .....	Sub Contractor's Officer In charge: Name: Designation: Signature:  Sub Contractor.....
-----------------------------	-------------------------------------------------------------------------------------------------------

Comments:

Project Manager

.....



### **4.3 Case Example 4-3**

#### **1) Outline**

This is a monthly safety report. It is a simple meeting record format for monthly meetings organized by Safety Management Committee. In the format, major events, casualty reports and safety activities (meetings and safety trainings) are to be reported.

#### **2) Case Example**

The Case Example 4-3 is on the following page.

<b>Monthly Report</b>	<b>Case Example 4 - 3</b>
-----------------------	---------------------------

		Date of Preparation	
		Prepared by	
		Approved by	

**MONTHLY SAFETY REPORT**

**1. Major Event**


**2. Casualty Report**

No.	Description	Subcontractor				Total	
		This Month	Cumulative	This Month	Cumulative	This Month	Cumulative
1	Number of person						
2	Man hours worked H						
3	No lost time accident b						
4	Loss time accident <3days and less c						
5	Loss time accident >4days and more d						
6	Fatal accident e						
7	Man days lost L						
8	Frequency rate F						
9	Severity rate G						

Note:  $F = ((d+e)/H) \times 1,000,000$        $G = (L/H) \times 1,000$

**3. Safety Activity**

**3.1 Safety Meeting**

No.	Description	This Month			Remarks
		Date	No. of attendees	Hours of Meeting	
1	General Safety Meeting for Workers				
2	Monthly Progress Meeting				
3	Weekly Meeting				

**3.2 Safety Training**

No.	Description	This Month			Remarks
		Date	No. of attendees	Hours of Meeting	
1	Safety orientation to new worker				
2	Tool box meeting				
3	Specific safety training				
	a)Traffic Accident				
	b)Discuss accident happen from other project				
	c)Safety Motivation for workers prior to safety promotion				
	d)Others				

## 5 Site Inspection Check Sheet

### 5.1 Case Example 5-1

#### 1) Outline

Case Example 5-1-1 is a daily checklist for cranes. The inspection items are for engine, hydraulic system, brake system, driving system, electronic system, and safety devices. Case Example 5-1-2 is scaffold inspection list, which consists of location & description of scaffold, dates & result of inspection and a short checklist for inspection (including baseplates, ground condition, joint condition, bracing, platform, ladder, and guard rail etc.).

#### 2) Case Example

The Case Examples 5-1-1 and 5-1-2 are on the following pages.

<b>Inspection by Patrol</b>	<b>Case Example 5 - 1 - 1</b>
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<b>CRANE DAILY CHECKLIST – PF 95</b>	
WORKS SECTION/LOCATION WEIP/PKG...../..... REF:	DATE:

EQUIPMENT/PLANT MACHINERY NUMBER	CHECKED BY NAME	DESIGNATION	SIGNATURE

No.	ITEM	CHECK DONE & DATE	COMMENTS
1	ENGINE		
	WATER LEVEL		
	OIL LEVEL & CONDITION		
2	HYDRAULIC SYSTEM		
	HYDRAULIC OIL & CONDITION		
	HYDRAULIC PUMP, MOTORS & CYLINDERS		
	CONTROL VALVE, ROTATING JOINT		
3	BRAKING SYSTEM		
	SWING BRAKE CONDITION		
	BOOM HOIST BRAKE CONDITION		
	BRKE FLUID AND CONDITION		
4	TRAVELLING SYSTEM		
	TRACK AND CRAWLER ROLLERS		
5	ELECTRICAL SYSTEM		
	FLUID LEVEL IN BATTERY		
	ELECTRICAL DISPLAY PANEL		
6	SAFETY DEVICES		
	BOOM OVER HOIST		
	OVERLOAD ALARM IF ANY		

KEY: X: NOT ACCEPTABLE – REPAIRS TO BE DONE, CRANE NOTO TO BE USED  
 : ACCEPTABLE  
 N/A NOT APPLICABLE TO THE CRANE

Inspection by Patrol

Case Example 5-1-2

PROJECT NAME \_\_\_\_\_

PROCEDURE NO.16 – SAFETY MANAGEMENT

SCAFFOLD INSPECTION LIST – PF52

WORKS SECTION/LOCATION: \_\_\_\_\_ DATE \_\_\_\_\_

WEIP/KG: ...../..... REF: \_\_\_\_\_

1. WORK COMMENCEMENT – DATE \_\_\_\_\_

LOCATION AND DESCRIPTION OF SCAFFOLD	DATE OF INSPECTION	RESULT OF INSPECTION WHETHER IN GOOD ORDER OR NOT	ADDITIONAL NOTES	SIGNATURE OF PEERSON WHO CARRIED OUR INSPECTION

2. SHORT CHECK LIST – THIS CHECKLIST MUST BE ATTACHED TO THE SCAFFOLDING BEING INSPECTED AND CERTIFIED AS SAFE OR NOT SAFE TO USE.

BASE PLATES	ACCEPTABLE(Y/N)	ACCESS	ACCEPTABLE(Y/N)
GROUND		PROVIDED	
CONDITION		PLATFORM	
STANDARDS	ACCEPTABLE(Y/N)	LADDER	
JOINT		GUARD RAIL	
CONNECTION		TOE BOARD	
SPACING		COUPLINGS	ACCEPTABLE(Y/N)
BRACING			

OTHER MEMBERS: \_\_\_\_\_ ACCEPTABLE(Y/N) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 5.2 Case Example 5-2

### 1) Outline

In order to thoroughly manage safety at construction site overseas, a safety inspection checklist which is a basic format of safety management system based on the head office's basic principles is prepared by the head office of contractors. Workers at construction sites are requested to select and use applicable items depending on the characteristics of work and conditions. Case Example 5-2 is a checklist prepared for common type of construction which includes items of inspection such as PPE, excavation, scaffold timbering, cleaning, dismantling, traffic safety, crane, and electricity etc. In addition, there are other specific formats for construction which deals with concrete casting, construction which involves electrical work or welding.

### 2) Case Example

The Case Example 5-2 is on the following page.

## Inspection by Patrol

## Case Example 5 - 2

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
Safety Inspection		5 Feb 09	Rev 2
		Page 1 of 9	

## SAFETY INSPECTION

## 1 PURPOSE

To identify hazardous situations and to implement remedial action before things can develop to a point where injury or other losses can occur.

## 2 SCOPE

Applicable to all project operations identified as hazards.

## 3 REFERENCE

SP-01\_EHS          Aspects and Hazards analysis  
OCP-08\_OHS        Maintenance of Machinery

## 4 RECORDS

Relevant safety inspection records such as;  
Scaffold inspection checklist, equipment inspection checklist, General safe work checklist, etc.

## 5 PROCEDURE

## 5.1 Responsibility

- 5.1.1 Operators are to carry out inspection of equipments or plants before work.
- 5.1.2 M&E engineer is to carry out periodical inspections for M&E equipments and plants.
- 5.1.3 Site Supervisor or foreman are to carry out site work inspections and safety reports periodically.
- 5.1.4 Safety officer and his assistants are to carry out site work inspections and safety reports periodically.
- 5.1.5 The Project Manager or his representative and Construction Managers are to carry out safety inspections monthly.

## 5.2 General

- 5.2.1 In addition to the safety maintenance and equipment-inspection program,

Inspection by Patrol	Case Example 5 - 2
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OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
Safety Inspection		5 Feb 09	Rev 2
		Page 2 of 9	

which is an essential operating practice on every site, regular inspection of the workplace must take place.(refer to OCP-08\_OHS Maintenance of Machinery)

- 5.2.2 All inspections, regardless of type, shall be taken place at intervals, as dictated by need.
- 5.2.3 Middle and senior management shall involve themselves in these inspections by taking part in nominated inspections or conducting their own.
  
- 5.3 Safety Inspections
  - 5.3.1 Where required by contract, the Safety Officer shall on monthly basis prepare and submit the mandatory safety report to the client with endorsement of Project Manager.
  - 5.3.2 The Safety Officer, Site Supervisor, designated personnel shall conduct various safety inspections with respective subcontractors/site personnel via various inspections checklists.
  - 5.3.3 Further inspection program shall be developed to specify the check items, frequency, checklists, person in charge, etc.
  - 5.3.4 Such program shall comprise but not limited to the followings;
    - General safe work
    - Scaffolding
    - Temporary electrical installation
    - Excavation
    - Concreting and formwork
    - Hot work
    - Housekeeping, etc.
  - 5.3.5 Appendix-1 shows the typical checklist for general safe work inspections.
  - 5.3.6 The Safety Officer, Site Supervisor or designated personnel shall keep the inspection records.
  
- 5.4 Remedial Action
  - 5.4.1 Inspections conducted are to be properly documented in order to specify the corrective actions required, timeframe and responsible person for the actions.
  - 5.4.2 Follow-up is necessary to ensure that remedial works are completed on schedule as committed by the parties concerned.

Inspection by Patrol

Case Example 5 - 2

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## 6 ATTACHMENT

Appendix 1      Sample for  
safe work inspection checklist

Inspection by Patrol

Case Example 5 - 2

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Appendix 1 Sample for General  
Safe Work Inspection Checklist

**OHS  
CHECKLIST  
FOR  
PROJECT  
SITE**

NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
<b>1</b>	<b>Personal Protective Equipment</b>		
1a.	Use of Safety helmets.		
1b.	Provision and use of eye protection.		
1c.	Use of safety belt.		
1d.	Provision of ear protection.		
<b>2</b>	<b>Excavation</b>		
2a.	Excavation depth > 5m to provide warning sign.		
2b.	Timber plank used for piling at least 50mm thick.		
2c.	Excavation depth > 1.2m provide access ladder.		
2d.	Excavation depth > 4m to provide PE design for shoring.		
2e.	Excavation depth > 1.5m with mechanical digger used, to provide PE design for shoring.		
2f.	Positioning of machinery in dangerous manner.		
2g.	Storage of material 610mm away from the edge of trenches.		
2h.	Failure to protect open cut slope in accordance with approved method statement or design.		
<b>3</b>	<b>Scaffolding</b>		
3a.	No wire ties.		
3b.	Proper maintenance of scaffold.		
3c.	Minimum width of working platform is		

Inspection by Patrol

Case Example 5 - 2

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	635mm.		
3d.	Sign show maximum load & maximum no. of workers to be placed.		
3e.	Platform projection shall not be less than 50mm or greater than 4 times of thickness of plank used.		
3f.	Plank used shall be flushed and secured.		
3g.	Removal of construction debris from platform.		
3h.	Provision of access ladder to platform.		
3i.	Provision of guard rail for working platform exceeds 3m in height.		
3j.	Provision of bracing from top to base of scaffolding.		
3k.	Erection on solid foundation or well consolidated soil.		
<b>4</b>	<b>Housekeeping</b>		
4a.	Cause tripping and cutting hazards.		
4b.	Storage of material cause obstruction to passage way or place of work.		
4c.	Material to stored or stacked in safe manner.		
4d.	Material storage shall not cause danger to persons below or close to edge of platform.		
4e.	Debris shall not accumulated and constitute hazard.		
4f.	Provision of hoarding.		
4g.	Removal of oil, greese, water etc., in which may causes slipping hazard.		
<b>5</b>	<b>Demolition</b>		

Inspection by Patrol

Case Example 5 - 2

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
5a.	Proper method of removal of debris.		
5b.	Provision of catch platform for demolition of exterior wall or roof from a point more than 12m height if persons below are exposed to falling objects.		
5c.	Erection of barricade to prevent unauthorised person(s) entering the demolition project site with warning sign display.		
5d.	Swinging weight method to provide 1.5 times height of structure demolition zone with barricade.		
5e.	Clamshell bucket used to maintain 8m demolition zone with barricade.		
<b>6</b>	<b>Traffic Control &amp; Road Safety</b>		
6a.	Failure to provide alternative footpath and directional sign for pedestrians.		
6b.	Closing of any road or lanes leading to traffic jam of 100m or more.		
6c.	Failure to display any or adequate temporary sign, cone, rotating lamp or other indication for temporary road-lanes closure.		
6d.	Failure to maintain barricades, blinkers, rotating lamps in good working condition.		
6e.	Failure to display adequate warning sign at strategic location.		
6f.	Failure to provide barrication with suitable warning sign and light when works carry out near any roads / highways.		
6g.	Placing of equipment / machineries, debris, material or thing in such a manner as to cause obstruction to		

Inspection by Patrol

Case Example 5 - 2

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	persons using the public street and pedestrian footway.		
6h.	Failure to rectify road depression or potholes immediately.		
6i.	Failure to provide collision attenuator / truck mounted attenuator ( TMA ) for works on road with speed limit 70kph and above.		
<b>7</b>	<b>Cranes</b>		
7a.	Sound underlying material for footing.		
7b.	Provide capacity chart.		
7c.	Indicator for safe working load correspond to radius of jib and warning sign when radius is unsafe.		
7d.	No travel of crane with suspended load.		
7e.	Provision of lifting the Site Supervisor and signal man.		
<b>8</b>	<b>Electrical</b>		
8a.	Provision of proper warning sign in 4 official languages where electrical circuit exists.		
8b.	Protective measures taken to prevent damages.		
8c.	Wiring supported on proper insulator and not looped over rails or brackets.		
8d.	No wiring shall be left on ground or floor and shall be protected.		
<b>9</b>	<b>Safe Means of Access</b>		
9a.	Safe means of access to be provide to working levels above or below ground.		
9b.	Provision of hand hold to ladder.		
9c.	Ladder shall not stand on loose bricks or		

Inspection by Patrol

Case Example 5 - 2

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	loose packing.		
9d.	Ladder shall be securely fixed.		
9e.	No undue swaying of ladder.		
<b>10</b>	<b>Piling</b>		
10a.	Piling hammer shall be lowered to ground if is not in use.		
10b.	Provision of permanent ladders.		
10c.	Warning sign provided at 50m away from test pile area.		
10d.	Sound footing for advancing of pile driver.		
<b>11</b>	<b>Falling Hazard</b>		
11a.	Open side or opening shall be guarded or covered.		
<b>12</b>	<b>Prevention of Fire</b>		
12a.	Provision of fire extinguishers.		
<b>13</b>	<b>First-Aid</b>		
13a.	Provide and maintain First-Aid boxes.		
13b.	Employment of first aider for factory more than 25 persons.		
<b>14</b>	<b>Safe Place of Employment</b>		
14a.	All places of work, floors, steps, stairs, passages, gangways, must be properly maintained and free from obstruction.		
14b.	Secure foothold & handhold shall be provided if a person is liable to fall from more than 3m; provision of safety belt, fencing, net and secured anchorage.		
<b>15</b>	<b>Health Requirements</b>		
15a.	Cleanliness – Work place to be kept clean and free from effluents.		

Inspection by Patrol	Case Example 5 - 2
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OHS	OCCASIONAL CONTROL PROCEDURE <b>Safety Inspection</b>	section 2 5 Feb 07      Rev 2 <hr/> Page 9 of 9
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
15a.	Ventilation-Provision of ventilation for work place which generate harmful gases, vapours or other impurities.		
15c.	Lighting - Provision and maintain sufficient & suitable lighting.		
15c.	Drainage - Provision and proper maintenance of drainage system.		
15c.	Sanitary - Sufficient and properly maintained toilet facilities.		
<b>16</b>	<b>Others</b>		
15c.	Non-compliance with approved procedures for beam launching work.		
15b.	Failure to control unsafe acts of workers like piling on dumpers / excavators / cranes, improper use of connectors / plugs for electrical equipments, etc.		
15c.	Failure to comply with any written law and bylaws, rules and regulations of any government / ministry, statutory boards or other authorities which are applicable or relevant to the execution of the works.		

**INSPECTED AND WITNESSED BY:**

Inspection done by: Name:
Signature, Date and Time:

Subcontractor's Representative (if applicable) Name:
Signature, Date & Time:

5. Site Inspection Check Sheet

## 6 Occupational Safety & Health Management System

### 6.1 Case Example 6-1

(see also Case Example 1-4)

#### 1) Outline

This is a copy of a certificate of approval given to a corporation whose Occupational Health & Safety Management System has been certified as International Standard OHSAS 18001. In a similar case, a head office, which has obtained ISO 9000, conducts quality and safety management on construction sites.

#### 2) Case Example

The Case Example 6-1 is on the following page.

  
**CERTIFICATE OF APPROVAL**

This is to certify that the Occupational Health & Safety Management System of:

Company Name

Address etc.

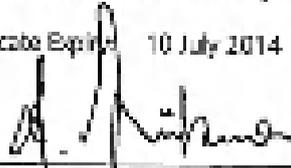
has been approved by Lloyd's Register Quality Assurance to the following specification:

**OHSA5 18001:2007**

The Occupational Health & Safety Management System is applicable to:

**Project management including management of design, construction and maintenance of civil engineering structures and buildings.**

Approval Certificate No: YKA 4004890	Original Approval: 11 July 2011
	Current Certificate: 25 February 2012
	Certificate Expires: 10 July 2014

  
Issued by: Lloyd's Register Quality Assurance Limited

  
BY

This document is subject to the provisions on the reverse  
71 Fenchurch Street, London EC3A 3BS, United Kingdom. Registered number: 14299779  
The certificate details, conditions of sale and other relevant information are contained in the Certificate of Approval form and are available on the LRQA website.

## **6.2 Case Example 6-2**

(see also Case Example 5-2)

### **1) Outline**

This is a case where a head office, which has not obtained the international standard, establishes its own standard and conducts PDCA (Plan-Do-Check-Action) cycle based on their own policy.

### **2) Case Example**

The Case Example 6-2 is on the following page.

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## SAFETY INSPECTION

## 1 PURPOSE

To identify hazardous situations and to implement remedial action before things can develop to a point where injury or other losses can occur.

## 2 SCOPE

Applicable to all project operations identified as hazards.

## 3 REFERENCE

SP-01\_EHS          Aspects and Hazards analysis  
OCP-08\_OHS        Maintenance of Machinery

## 4 RECORDS

Relevant safety inspection records such as;  
Scaffold inspection checklist, equipment inspection checklist, General safe work checklist, etc.

## 5 PROCEDURE

## 5.1 Responsibility

- 5.1.1 Operators are to carry out inspection of equipments or plants before work.
- 5.1.2 M&E engineer is to carry out periodical inspections for M&E equipments and plants.
- 5.1.3 Site Supervisor or foreman are to carry out site work inspections and safety reports periodically.
- 5.1.4 Safety officer and his assistants are to carry out site work inspections and safety reports periodically.
- 5.1.5 The Project Manager or his representative and Construction Managers are to carry out safety inspections monthly.

## 5.2 General

- 5.2.1 In addition to the safety maintenance and equipment-inspection program,

## Occupational Safety &amp; Health Management System

## Case Example 6 - 2

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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which is an essential operating practice on every site, regular inspection of the workplace must take place.(refer to OCP-08\_OHS Maintenance of Machinery)

5.2.2 All inspections, regardless of type, shall be taken place at intervals, as dictated by need.

5.2.3 Middle and senior management shall involve themselves in these inspections by taking part in nominated inspections or conducting their own.

### 5.3 Safety Inspections

5.3.1 Where required by contract, the Safety Officer shall on monthly basis prepare and submit the mandatory safety report to the client with endorsement of Project Manager.

5.3.2 The Safety Officer, Site Supervisor, designated personnel shall conduct various safety inspections with respective subcontractors/site personnel via various inspections checklists.

5.3.3 Further inspection program shall be developed to specify the check items, frequency, checklists, person in charge, etc.

5.3.4 Such program shall comprise but not limited to the followings;

- General safe work
- Scaffolding
- Temporary electrical installation
- Excavation
- Concreting and formwork
- Hot work
- Housekeeping, etc.

5.3.5 Appendix-1 shows the typical checklist for general safe work inspections.

5.3.6 The Safety Officer, Site Supervisor or designated personnel shall keep the inspection records.

### 5.4 Remedial Action

5.4.1 Inspections conducted are to be properly documented in order to specify the corrective actions required, timeframe and responsible person for the actions.

5.4.2 Follow-up is necessary to ensure that remedial works are completed on schedule as committed by the parties concerned.

Occupational Safety & Health Management System	Case Example 6 - 2
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6	ATTACHMENT		
	Appendix 1      Sample for safe work inspection checklist		

## Occupational Safety &amp; Health Management System

## Case Example 6 - 2

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Appendix 1 Sample for General  
Safe Work Inspection Checklist

**OHS  
CHECKLIST  
FOR  
PROJECT  
SITE**

NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
<b>1</b>	<b>Personal Protective Equipment</b>		
1a.	Use of Safety helmets.		
1b.	Provision and use of eye protection.		
1c.	Use of safety belt.		
1d.	Provision of ear protection.		
<b>2</b>	<b>Excavation</b>		
2a.	Excavation depth > 5m to provide warning sign.		
2b.	Timber plank used for piling at least 50mm thick.		
2c.	Excavation depth > 1.2m provide access ladder.		
2d.	Excavation depth > 4m to provide PE design for shoring.		
2e.	Excavation depth > 1.5m with mechanical digger used, to provide PE design for shoring.		
2f.	Positioning of machinery in dangerous manner.		
2g.	Storage of material 610mm away from the edge of trenches.		
2h.	Failure to protect open cut slope in accordance with approved method statement or design.		
<b>3</b>	<b>Scaffolding</b>		
3a.	No wire ties.		
3b.	Proper maintenance of scaffold.		
3c.	Minimum width of working platform is		

## Occupational Safety &amp; Health Management System

## Case Example 6 - 2

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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	635mm.		
3d.	Sign show maximum load & maximum no. of workers to be placed.		
3e.	Platform projection shall not be less than 50mm or greater than 4 times of thickness of plank used.		
3f.	Plank used shall be flushed and secured.		
3g.	Removal of construction debris from platform.		
3h.	Provision of access ladder to platform.		
3i.	Provision of guard rail for working platform exceeds 3m in height.		
3j.	Provision of bracing from top to base of scaffolding.		
3k.	Erection on solid foundation or well consolidated soil.		
<b>4</b>	<b>Housekeeping</b>		
4a.	Cause tripping and cutting hazards.		
4b.	Storage of material cause obstruction to passage way or place of work.		
4c.	Material to stored or stacked in safe manner.		
4d.	Material storage shall not cause danger to persons below or close to edge of platform.		
4e.	Debris shall not accumulated and constitute hazard.		
4f.	Provision of hoarding.		
4g.	Removal of oil, greese, water etc., in which may causes slipping hazard.		
<b>5</b>	<b>Demolition</b>		

## Occupational Safety &amp; Health Management System

## Case Example 6 - 2

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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
5a.	Proper method of removal of debris.		
5b.	Provision of catch platform for demolition of exterior wall or roof from a point more than 12m height if persons below are exposed to falling objects.		
5c.	Erection of barricade to prevent unauthorised person(s) entering the demolition project site with warning sign display.		
5d.	Swinging weight method to provide 1.5 times height of structure demolition zone with barricade.		
5e.	Clamshell bucket used to maintain 8m demolition zone with barricade.		
<b>6</b>	<b>Traffic Control &amp; Road Safety</b>		
6a.	Failure to provide alternative footpath and directional sign for pedestrians.		
6b.	Closing of any road or lanes leading to traffic jam of 100m or more.		
6c.	Failure to display any or adequate temporary sign, cone, rotating lamp or other indication for temporary road-lanes closure.		
6d.	Failure to maintain barricades, blinkers, rotating lamps in good working condition.		
6e.	Failure to display adequate warning sign at strategic location.		
6f.	Failure to provide barrication with suitable warning sign and light when works carry out near any roads / highways.		
6g.	Placing of equipment / machineries, debris, material or thing in such a manner as to cause obstruction to		

## Occupational Safety &amp; Health Management System

## Case Example 6 - 2

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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	persons using the public street and pedestrian footway.		
6h.	Failure to rectify road depression or potholes immediately.		
6i.	Failure to provide collision attenuator / truck mounted attenuator ( TMA ) for works on road with speed limit 70kph and above.		
<b>7</b>	<b>Cranes</b>		
7a.	Sound underlying material for footing.		
7b.	Provide capacity chart.		
7c.	Indicator for safe working load correspond to radius of jib and warning sign when radius is unsafe.		
7d.	No travel of crane with suspended load.		
7e.	Provision of lifting the Site Supervisor and signal man.		
<b>8</b>	<b>Electrical</b>		
8a.	Provision of proper warning sign in 4 official languages where electrical circuit exists.		
8b.	Protective measures taken to prevent damages.		
8c.	Wiring supported on proper insulator and not looped over rails or brackets.		
8d.	No wiring shall be left on ground or floor and shall be protected.		
<b>9</b>	<b>Safe Means of Access</b>		
9a.	Safe means of access to be provide to working levels above or below ground.		
9b.	Provision of hand hold to ladder.		
9c.	Ladder shall not stand on loose bricks or		

## Occupational Safety &amp; Health Management System

## Case Example 6 - 2

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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	loose packing.		
9d.	Ladder shall be securely fixed.		
9e.	No undue swaying of ladder.		
<b>10</b>	<b>Piling</b>		
10a.	Piling hammer shall be lowered to ground if is not in use.		
10b.	Provision of permanent ladders.		
10c.	Warning sign provided at 50m away from test pile area.		
10d.	Sound footing for advancing of pile driver.		
<b>11</b>	<b>Falling Hazard</b>		
11a.	Open side or opening shall be guarded or covered.		
<b>12</b>	<b>Prevention of Fire</b>		
12a.	Provision of fire extinguishers.		
<b>13</b>	<b>First-Aid</b>		
13a.	Provide and maintain First-Aid boxes.		
13b.	Employment of first aider for factory more than 25 persons.		
<b>14</b>	<b>Safe Place of Employment</b>		
14a.	All places of work, floors, steps, stairs, passages, gangways, must be properly maintained and free from obstruction.		
14b.	Secure foothold & handhold shall be provided if a person is liable to fall from more than 3m; provision of safety belt, fencing, net and secured anchorage.		
<b>15</b>	<b>Health Requirements</b>		
15a.	Cleanliness – Work place to be kept clean and free from effluents.		

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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
15b.	Ventilation-Provision of ventilation for work place which generate harmful gases, vapours or other impurities.		
15c.	Lighting - Provision and maintain sufficient & suitable lighting.		
15d.	Drainage - Provision and proper maintenance of drainage system.		
15e.	Sanitary – Sufficient and properly maintained toilet facilities.		
15	Others		
15a.	Non-compliance with approved procedures for beam launching work.		
15b.	Failure to control unsafe acts of workers, like pillioning on dumpers / excavators / cranes, improper use of connectors / plugs for electrical equipments, etc.		
15c.	Failure to comply with any written law and byelaws, rules and regulations of any government ministry, statutory boards or other authorities which are applicable or relevant to the execution of the works.		

**INSPECTED AND WITNESSED BY:**

Inspection done by: Name:  Signature, Date and Time:	Subcontractor's Representative (if applicable) Name:  Signature, Date & Time:
---------------------------------------------------------------	-------------------------------------------------------------------------------------------

### 6.3 Case Example 6-3

#### 1) Outline

This format is a record for toolbox meeting in which contents of works for the day, attentions on safety, health and hygiene, methodologies for work and signatures of all attendees are to be filled. (Case Example 6-3).

Likewise toolbox meetings, "Three Five-Minute Activity Campaigns": 1) five-minute safety talks before starting work, 2) five-minute safety confirmation at the start of work and 3) five-minute cleaning before ending work, are practiced by this corporation. Samples of documents are omitted in this case.

#### 2) Case Example

The Case Example 6-3 is on the following page.

Occupational Safety & Health Management System Case Example 6 - 3

FR:TBM-01

Signature Chữ kí

**Toolbox Meeting**  
Báo cáo an toàn hàng ngày

Site Công trường		Date (ngày)	
Cooperation company		Foreman Đốc công	
Today's content of work (Nội dung công việc)		Safety hygiene attention (Chú ý về an toàn)	
1.			
2.			
3.			
4.			
5.			
Clean up the working place 10 minutes before ending work. (Dọn dẹp công trường thi công 10 phút trước khi ra về).			
We do so. (measures). Biện pháp đảm bảo an toàn		Check before it works (The check is o sign.) Kiểm tra trước khi làm việc	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
All workers' signatures Chữ kí của tất cả công nhân		Number of people Số lượng người	
1.	o : Newcomer Thành viên mới	11.	o : Newcomer Thành viên mới
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	
Attention Chú ý		<ul style="list-style-type: none"> <li>Take proceedings of the safety meeting after the morning gathering, and pass the person in charge each foreman.</li> <li>- Buổi họp an toàn bắt đầu sau khi tập thể dục buổi sáng.</li> <li>All worker names are signatures of own handwriting.</li> <li>- Lấy chữ kí của tất cả công nhân.</li> <li>To newcomers put o sign to the own handwriting signature column, and let them receive the newcomer education.</li> <li>- Thành viên mới phải kí vào trong cột chữ kí.</li> </ul>	
We finished our work without accident so that I report and leave. Chúng ta phải kết thúc công việc mà không có tai nạn. Đến cuối ngày đốc công phải báo cáo cho cán bộ an toàn.		Foreman: Đốc công	

## **6.4 Case Example 6-4**

### **1) Outline**

This is another toolbox meeting format which differs slightly from the earlier example, Case Example 6-3-1. It consists of fill-out forms of the work, quality and safety attentions and safety instructions posed by contractors. It also works as risk assessment sheet as it requires each worker to check by him/herself on potential risks, hazards and preventive measures that should be taken on the day.

### **2) Case Example**

The Case Example 6-4 is on the following page.

Occupational Safety & Health Management System

Case Example 6 - 4

**Tool Box Meeting Record**

Date	Year	Month	Day	Hour		Company name	Person in charge
------	------	-------	-----	------	--	--------------	------------------

Person's name (In own handwriting and the full name).							
ID. No.	Name	ID. No.	Name	ID. No.	Name	ID. No.	Name
1		6		11		16	
2		7		12		17	
3		8		13		18	
4		9		14		19	
5		10		15		20	
21		22		23		24	
25							

(1) Content of meeting

Description of works	Safety instruction and notes
Quality, environmental instruction, and notes	

(2) Today's risk assessment

1. Potential Risk/Hazard(What's the risk today?)	2. Preventive Measure(How are you prevent?)

Where there an injury or neither sickness nor leaving work before finish time, etc.	No	Yes	Person in charge	Project M	Duty Safety
Note					

Tool Box Meeting

## 6.5 Case Example 6-5

### 1) Outline

This is a sample of reviewed Safety Plan Document. This extract of Safety Plan Document is shown as Case Example 6-5.

### 2) Case Example

The Case Example 6-5 is on the following page.

and improvement.

## **6. Management Review**

### **6.1 Site safety Management Committee (SSMC)**

#### **Objective and Function**

A Site Safety Management Committee (SSMC) shall be established to review and monitor the implementation of the safety plan, effectiveness of the safety and health measures taken and seeking the co-operation and commitment of staff at all levels. The SSMC meeting will be held every month with participants of Representatives from the Employer and the Consultant, with Contractor representatives.

Other than SSMC meeting the management having weekly progress meeting held on site office every Sunday, during this meeting discussing all weekly safety aspects and correction requirements discuss with management.

#### **Terms of Reference:**

1. To ensure the implementation of project safety plan or the contractor' site safety obligations set out in the contract;
2. To review and monitor the effectiveness of the safety and health measures taken on sit and recommend for improvement;
3. To review the established safety rules, risk assessments or safe working procedures.
4. To discuss hazards associated with the sit operations and necessary safety precautions.
5. To co-ordinate the interface safety measures of all subcontractors, utility undertakers or other construction parties working on the site;
6. To promote safety publicity and training;
7. To discuss and review the emergency and rescue procedures;
8. To review accidents those have occurred so as to recommend measures to prevent recurrences;
9. To review the accident statistics and safety performance of subcontractors;

#### **Organization:**

Chairman: Project Manager

- To chair the committee meeting and make final decision for opinions or disputes arising from the meeting.

Secretary: Safety Manager / Safety Officer

- To call meetings, professional OHC advices; take meeting minutes and follow-up matters

## **6.6 Case Example 6-6**

### **1) Outline**

This document shows the amendment process of Safety Plans submitted by a corporation which controls PDCA cycle based on its own standard of safety management.

### **2) Case Example**

The Case Example 6-6 is on the following page.

Occupational Safety & Health Management System	Case Example 6 - 6
------------------------------------------------	--------------------

**SECTION 1 : SAFETY POLICY STATEMENT**

**SAFETY AND HEALTH POLICY**

Safe construction is a social commitment that all companies should fulfill. We strive for the consolidation and the improvement of the safety and health environment so that all workforce can feel secure, and also being accepted from society with the confidence and empathy as the basis of corporate activities of "Thorough Pursuit of Safety First".

**1. ELIMINATION OF ACCIDENT AND INJURY**

We not only comply with the provisions of Occupational Safety and Health Regulations and Health Regulations and Our Construction Safety and Health Control, but also aim to eliminate all accidents and injuries with responding to the variety situations and managing the adequate safety and health.

Especially to the specified works as "Priority Measures" and "Priority Dangerous Work and Dangerous Work", we attempt to prevent any accident with concentrated efforts.

**2. ACCIDENT PREVENTION TO THIRD PARTIES**

Accidents to the community must be definitely avoided with every imaginable means. Particularly for the construction at urban districts, the construction plan that includes the measures of accident prevention to the third parties as the most important aspect should be drawn up and implemented thoroughly.

**3. IMPROVEMENT OF SAFETY AND HEALTH STANDARDS**

We strive for the education of safety and health to the project office persons involved and enhance the standard level of safety and health continuously with managing the cycle of "Plan- Do - Check- Act" (=Improvement) appropriately Based on "Occupational Health and Safety Management System" that specifies in reducing any risk at the job site steadily.

Under these policies, all employees of \_\_\_\_\_ and subcontractors should bring together their own management skills and enthusiasm for safety, and strongly develop the compulsory activities of safety and health management.

## 7 Partnership with Locals etc.

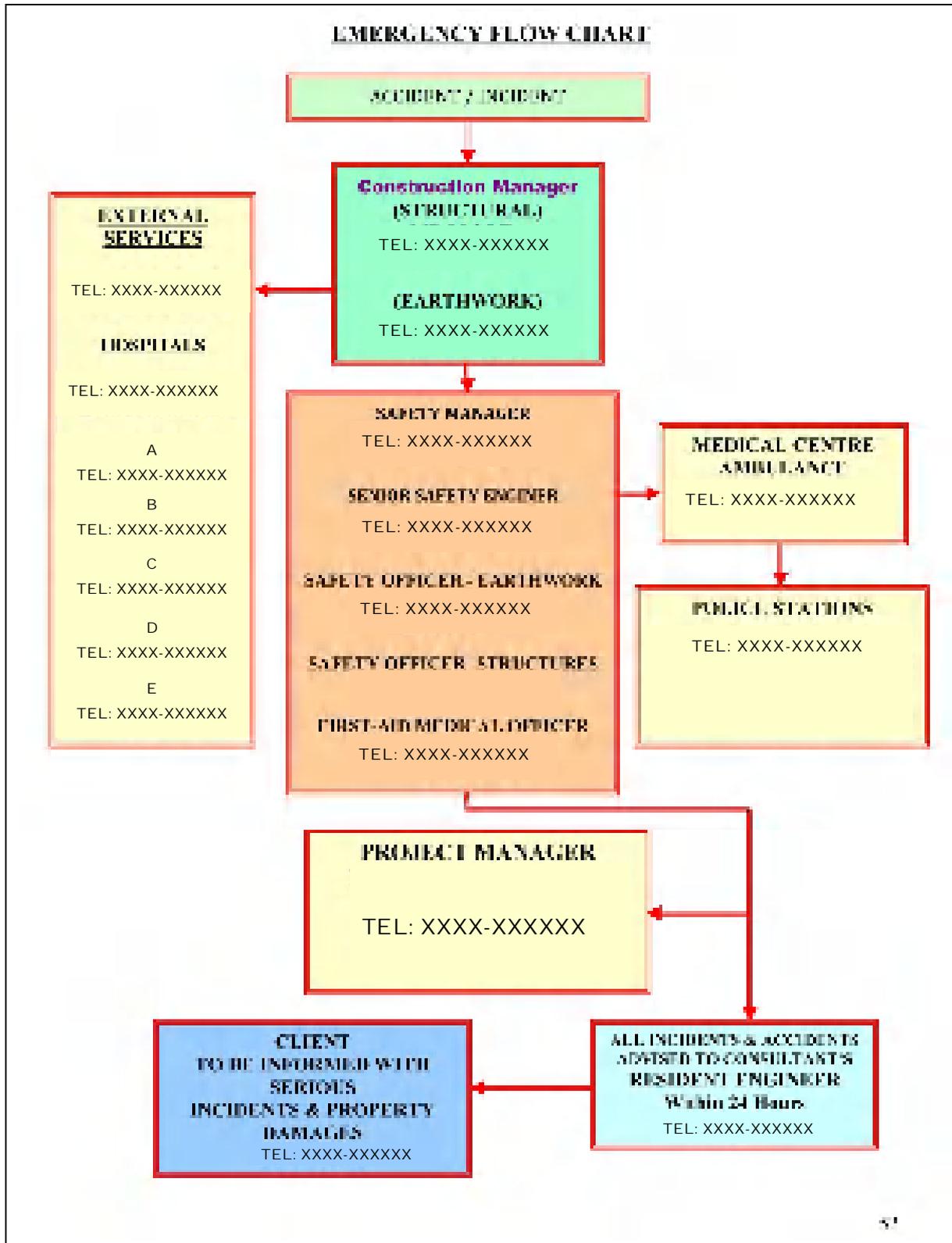
### 7.1 Case Example 7-1

#### 1) Outline

This is an emergency flow chart which shows contact addresses of person(s) in charge of the project and relevant agencies (the Engineer and the Employer). It also includes contact addresses of the police station, the fire station, and the major hospitals.

#### 2) Case Example

The Case Example 7-1 is on the following page.



## 7.2 Case Example 7-2

### 1) Outline

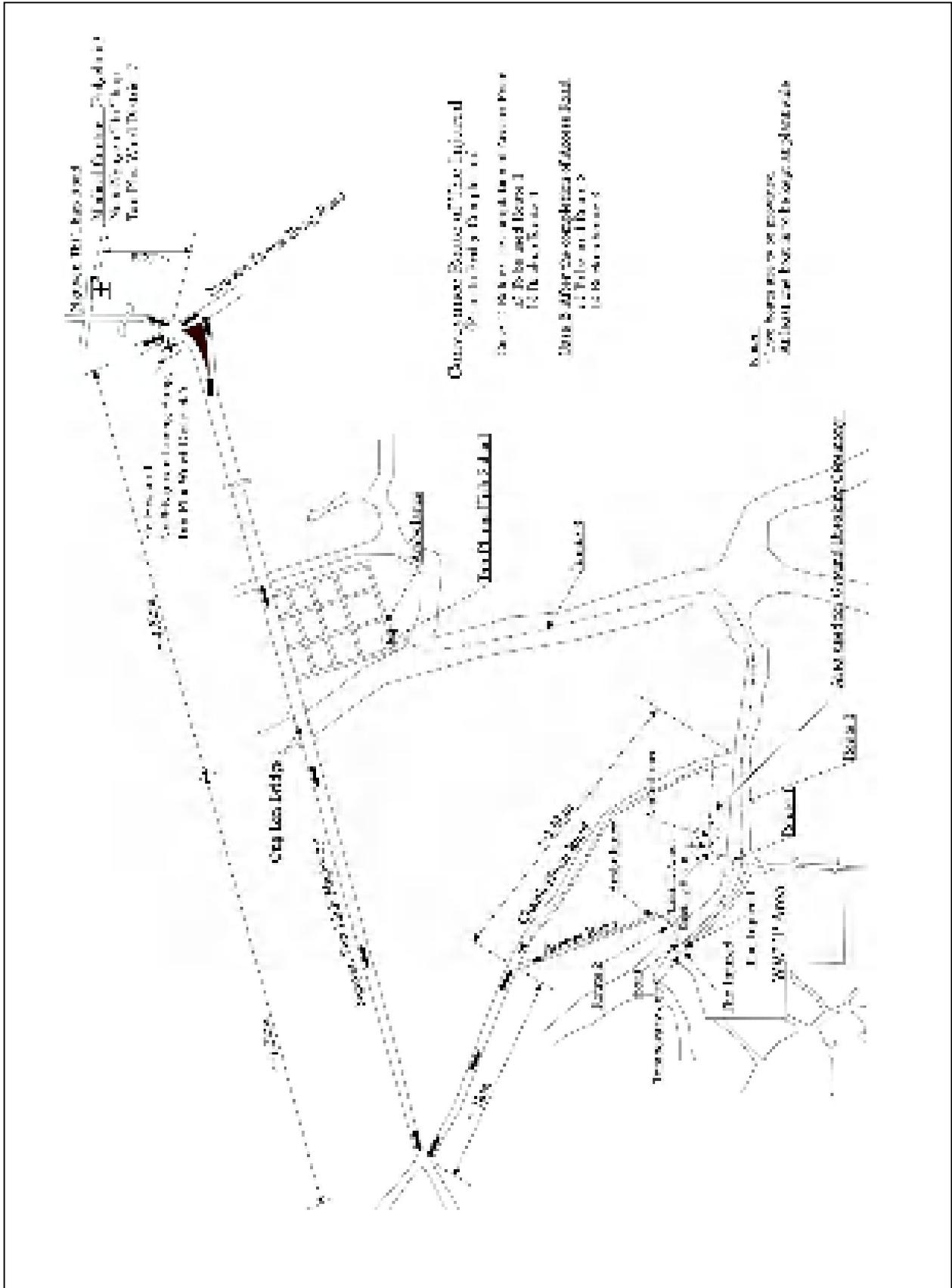
In addition to the emergency flow chart, this document is elaborated to use a route map for obtaining easy understanding of conveyance of the injured (the route which should be taken to send injured workers to the hospital) (Case Example 7-2). The main priority and focus of safety management are placed on the workers at construction site. This corporation conducts monthly safety meetings, suggest initiatives and review safety management activities, in order to further develop safety awareness and improve measures of safety management.

### 2) Case Example

The Case Example 7-2 is on the following page.

Partnership with Locals etc.

Case Example 7 - 2



Partnership with Locals etc.

Case Example 7 - 2

## PROJECT NAME

## PROJECT SAFETY PLAN

		appropriate measures to be taken; <ul style="list-style-type: none"> <li>• Review of sub-contractors safety performance.</li> </ul>	
Monthly	Project Manager Construction Managers Chief manager The Engineer The Employer Subcontractors Project Manager	<ul style="list-style-type: none"> <li>• Present overall safety performance and statistics of the Project;</li> <li>• Identify good practice and bad practices;</li> <li>• Identify the following months training program;</li> <li>• Appraise the participants of the training carried out to date;</li> <li>• Proposal of incentives;</li> <li>• Open discussion;</li> </ul>	<ul style="list-style-type: none"> <li>• Contained in the Monthly Report and presentation material;</li> </ul>

**3.04****Safety Information and Training**

With reference to the OHSRP Section 7, the training and briefing are in principle the same:

**Safety Inductions**

All persons that are and shall be engaged on this Project shall be required to undergo an initial Safety Induction. The Safety Induction shall be conducted in English and Vietnamese. The Safety Manager and/or delegates shall conduct the Safety Induction. The Safety Induction is mandatory to any person wishing to visit/enter/work on or within the Project site. The induction shall include but not limited to:

### **7.3 Case Example 7-3**

#### **1) Outline**

This shows an example of safety management plan at the construction site where there is a high possibility of influence from active volcanoes. The plan states own evacuation policy and the monitoring system specified this volcanic environment, which are both mentioned in Safety Plan Document.

#### **2) Case Example**

The Case Example 7-3 is on the following page.

## Form 12 - Working Safety Plan

**13.4.7 Evacuation Plan**

## 13.4.7.1 Introduction

The project area is located at foot of Mt. Merapi, which is one of the most active volcanoes in Indonesia. Merapi volcano activity is characterized by a very frequent eruption ranging from 1 to 5 years of time duration, (last eruption took place in 2006), and eruption is usually accompanied by the debris flows which occur with intensive rainfall.

Therefore, in case an eruption or debris flow took place during construction period, evacuation plan shall be prepared properly to ensure workers' lives and the Employer and the JO's properties.

## 13.4.7.2 Collection of Volcanic, Weather Information

## a) Governmental observatory

Volcanic and weather information are provided from monitoring post under the control of Volcanologi office established by Indonesian Government for monitoring volcanic activities. There are three monitoring post office around the project area, which are Babadan, Turgo and Balerante. Table 5 shows names of monitoring post and facility codes which are related to nearest monitoring post. Emergency information as to volcano activities and weather is transmitted through HT. In view of this at least one HT shall be allocated each site with specified frequency.

The JO's supervisors and safety staff shall always pay adequate attention to those information and in case intercepting alert signal they shall make workers and equipments evacuate from site to secure place as soon as possible.

## Form 12 - Working Safety Plan

Table 5. Monitoring Post

No	Observatory	River Basin	Facility Code
1	Babadan	Apu	AP-RD2, AP-RD1a
		Pabelan	PA-RD2, PA-RD5
		Trising	TR-RD1, TR-RD8
		Senowo	SE-RD5, SE-RD6a
2	Turgo	Blongkeng	BL-RD3
		Putih	PU-RD1 ~7
		Batang	BA-RD1 ~ 8
		Bebeng	BE-RD1
3	Balerante	Kuning	KU-RD2
		Woro	WO-RD2

## b) The JO's temporary observatory

The JO will establish temporary monitoring observatory to monitor the upstream condition of river such as the change of water flow and level, rain fall and weather. It will provide the information to site as promptly as possible in case debris flow or other disaster caused by intensive rain fall or volcanic activity is likely to take place. A monitoring observatory will be built at three to five kilometers away from uppermost stream site location in each river. A watch man will be stationed at a monitoring observatory while any sites located downstream are under operation. HT will be used as a communication tool.

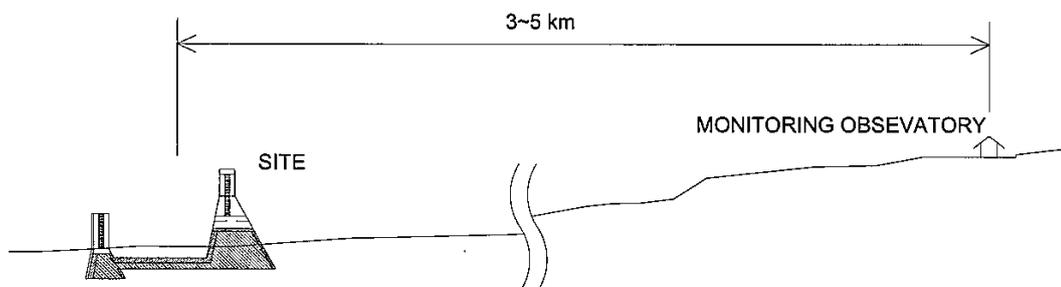


Figure 1. Temporary monitoring observatory

## Partnership with Locals etc.

## Case Example 7 - 3

From 12 – Working Safety Plan

## 13.4.7.3 Emergency Network

Following figure shows the JO's emergency network. The JO will evacuate all workers, the JO's staff and equipment including the Employer's properties following this procedure.

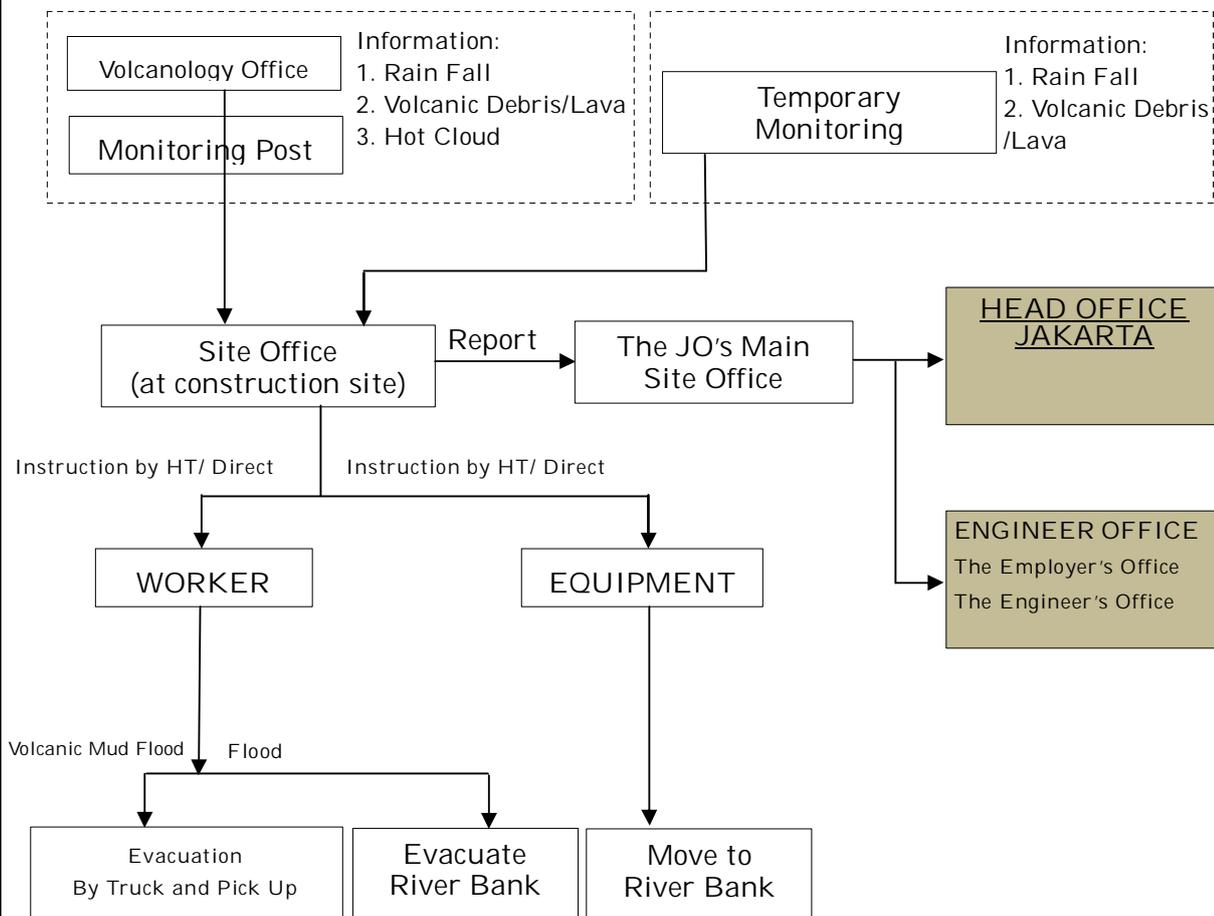


Figure 2. Evacuation Network

## **7.4 Case Example 7-4**

(see also Case Example 2-4)

### **1) Outline**

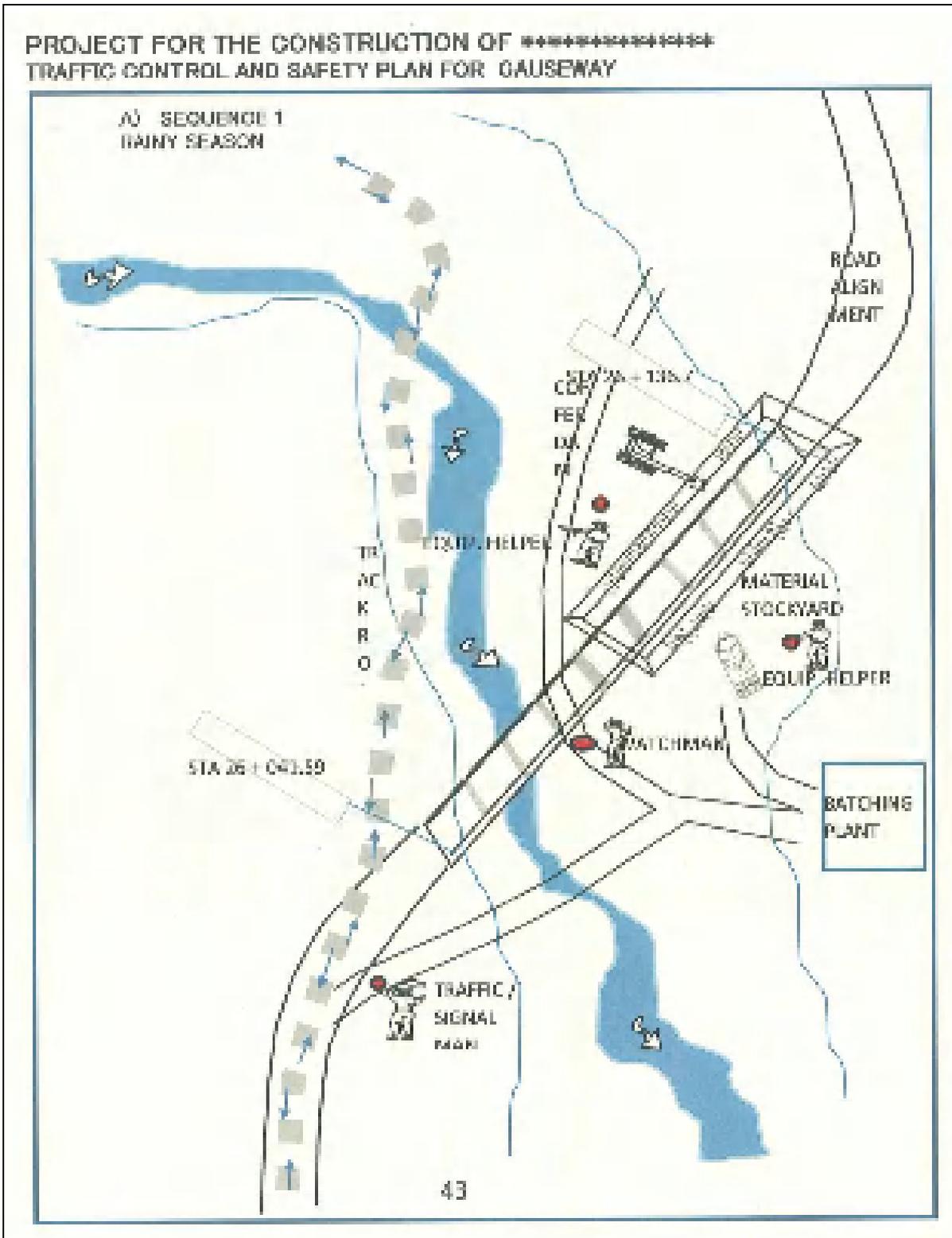
This is a document (traffic control and safety plan for causeway) which shows safety management in an area where there is a high possibility of landslides due to its geographical features and traffic accidents caused by external automobiles.

### **2) Case Example**

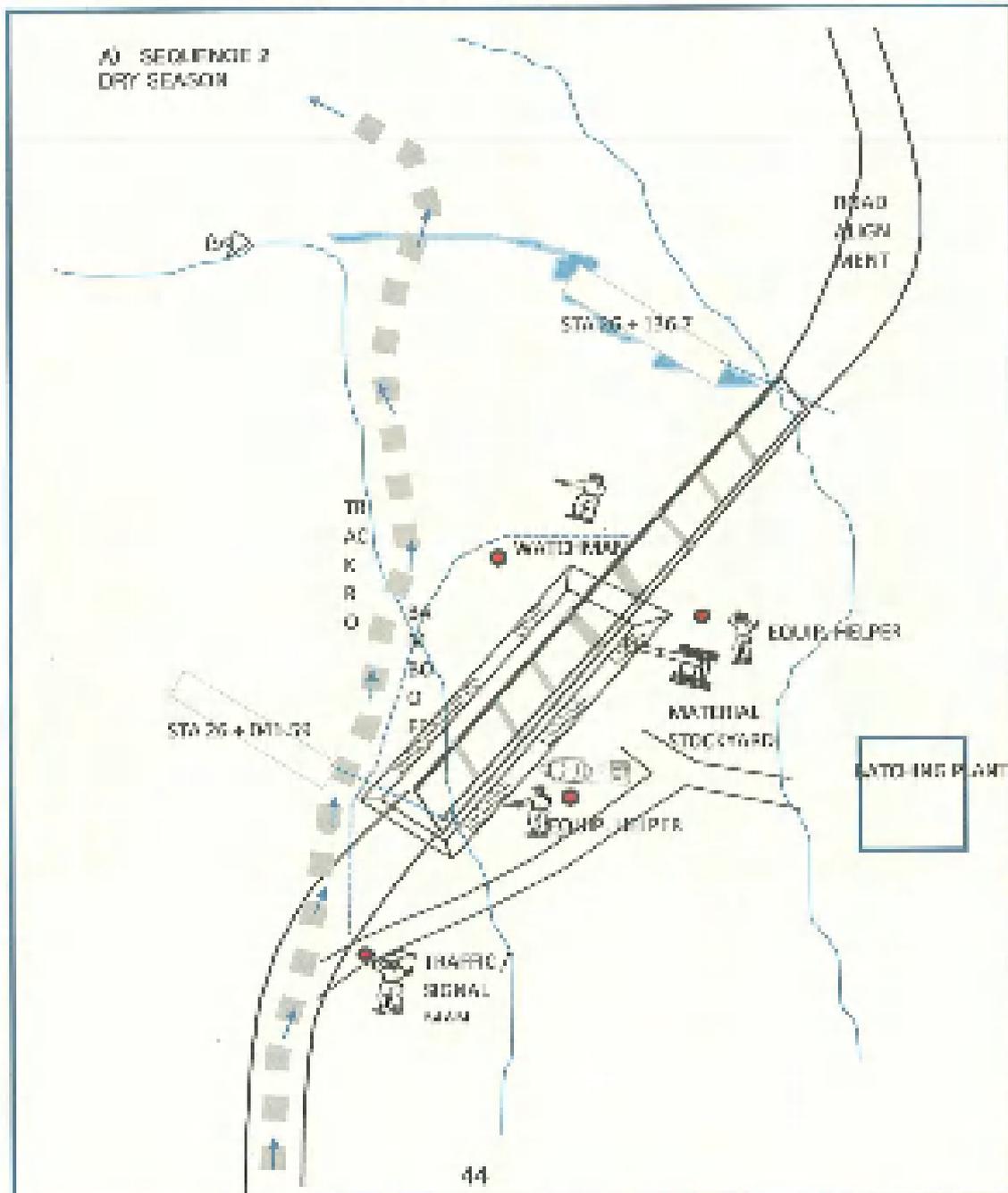
The Case Examples 7-4-1, 7-4-2 and 7-4-3 are on the following pages.

Partnership with Locals etc.

Case Example 7 - 4 - 1



PROJECT FOR THE CONSTRUCTION OF ~~causeway~~  
TRAFFIC CONTROL AND SAFETY PLAN FOR CAUSEWAY



Partnership with Locals etc.

Case Example 7 - 4 - 2

