

## ANNEX O SELF-INSPECTION REPORT TEMPLATE

	<b>Self-Inspection Report</b>	<b>Ver-00</b> <b>DD/MM/YYYY</b>
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Section 1: General Information	
Subcontractor Name	
Location	
Inspection Date	
Inspector Name & Designation	
Work Activities Conducted During the Reporting Period (✓/X)	<ul style="list-style-type: none"> <li><input type="checkbox"/> Construction</li> <li><input type="checkbox"/> Electrical Work</li> <li><input type="checkbox"/> Welding &amp; Cutting</li> <li><input type="checkbox"/> Lifting &amp; Rigging</li> <li><input type="checkbox"/> Excavation &amp; Trenching</li> <li><input type="checkbox"/> Others (Please Specify): _____</li> </ul>
Number of Workers on Site	<ul style="list-style-type: none"> <li>Direct: _____</li> <li>Contract: _____</li> </ul>
Has the worksite been inspected by a safety officer this month? (✓/X)	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>
Section 2: Safety Performance	
Incidents & Accidents	<ul style="list-style-type: none"> <li>Number of Lost Time Injuries (LTI): _____</li> <li>Number of First Aid Cases: _____</li> <li>Number of Near Misses Reported: _____</li> <li>Number of Unsafe Acts/Conditions Identified: _____</li> </ul>
Number of Corrective & Preventive Actions Taken	<ul style="list-style-type: none"> <li>Actions completed (Attach supporting documents): _____</li> <li>Actions pending (Provide reason): _____</li> </ul>
Section 3: Worksite Safety Compliance	
Safety Checkpoints (✓/X)	<ul style="list-style-type: none"> <li><input type="checkbox"/> Personal Protective Equipment (PPE) Compliance</li> <li><input type="checkbox"/> Fall Protection Systems in Place</li> <li><input type="checkbox"/> Electrical Cords &amp; Tools Inspected</li> <li><input type="checkbox"/> Housekeeping &amp; Waste Management</li> <li><input type="checkbox"/> Fire Extinguishers Accessible &amp; Functional</li> <li><input type="checkbox"/> Lifting Equipment Certified &amp; Inspected</li> <li><input type="checkbox"/> Emergency Exit Routes Clearly Marked</li> <li><input type="checkbox"/> Safety Signage Visible &amp; Maintained</li> </ul>
Section 4: Environmental Management	
Environmental Criteria (✓/X)	<ul style="list-style-type: none"> <li><input type="checkbox"/> Waste Segregation &amp; Disposal Properly Managed</li> <li><input type="checkbox"/> Hazardous Materials Stored &amp; Handled Properly</li> <li><input type="checkbox"/> Noise &amp; Dust Control Measures Implemented</li> <li><input type="checkbox"/> Water Management &amp; Spill Prevention in Place</li> <li><input type="checkbox"/> Wildlife &amp; Vegetation Disturbance Minimization</li> </ul>

**Section 5: Training & Communication**

Safety Toolbox Talks Conducted (✓/X)	<ul style="list-style-type: none"><li><input type="checkbox"/> Yes (Attach Sample Attendance)</li><li><input type="checkbox"/> No</li></ul>
Topics Covered (✓/X)	<ul style="list-style-type: none"><li><input type="checkbox"/> Working at Heights</li><li><input type="checkbox"/> Fire Safety</li><li><input type="checkbox"/> Equipment Handling</li><li><input type="checkbox"/> Hazardous Material Handling</li><li><input type="checkbox"/> Emergency Response</li><li><input type="checkbox"/> Others: _____</li></ul>

**Section 6: Declaration & Submission**

I, [Inspector Name], confirm that the information provided is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submission Deadline: Monthly, on or before the [date]

(Annexures if any)

- Annexure A: Incident Reports
- Annexure B: Training Attendance Sheets
- Annexure C: Photographic Evidence