|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  | Ref: |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location: | |  | | Main Operation: | | | □ Management □Operation □Site Office | | | |
| Inspected by: | | |  | | | Position / Dept | | |  | |
| No | Inspection Item | | | | Statutory & Regulatory Rqmt | | | Status | | Remarks |
| 1 | Physical Provisions | | | |  | | |  | |  |
|  | Office Building / Cabin | | | |  | | |  | |  |
|  | Work Environment / Station | | | |  | | |  | |  |
|  | Toilets, Bathroom, Pantry | | | |  | | |  | |  |
|  | Work Shop / Store | | | |  | | |  | |  |
|  | Machineries / Plants | | | |  | | |  | |  |
| 2 | Occupational, Safety & Health | | | |  | | |  | |  |
|  | Air Pollution | | | |  | | |  | |  |
|  | Dust | | | |  | | |  | |  |
|  | Noises | | | |  | | |  | |  |
|  | Vibration | | | |  | | |  | |  |
|  | Ventilation | | | |  | | |  | |  |
|  | Temperature | | | |  | | |  | |  |
|  | Lighting | | | |  | | |  | |  |
|  | Humidity | | | |  | | |  | |  |
|  | Weather Protection | | | |  | | |  | |  |
|  | Fire Protections | | | |  | | |  | |  |
|  | First Aid Kits | | | |  | | |  | |  |
|  | Sewerage | | | |  | | |  | |  |
|  | Drainage | | | |  | | |  | |  |
|  | Rubbish Chamber | | | |  | | |  | |  |
| 3 | Signboards | | | |  | | |  | |  |
|  | Safety First | | | |  | | |  | |  |
|  | Warning Signs | | | |  | | |  | |  |
|  | Dangerous Signs | | | |  | | |  | |  |
|  | Floor Wet Signs | | | |  | | |  | |  |
|  | Entry & Exit Signs | | | |  | | |  | |  |
|  | Location Indicator | | | |  | | |  | |  |
|  | No Smoking Signs | | | |  | | |  | |  |
|  |  | | | |  | | |  | |  |

Inspected by:

……………………………………………………

Position: