

HSEELQ

HSE Site Monitoring Report



Project: Lusail Real Estate Development Project

Location:

* Required Field

Date:

Contractor:

Initiator:

Contractor POC:

P.O. Box Address:

E-mail:

Consultant POC:

Tel #/Fax #:

Conducted by: (Print Name)

Current Status and Comments from Previous Reports:

OBSERVATIONS

(Be descriptive in explaining the issues or highlighting positives)

Observation #1:

Repeat Observation? Yes No

Severity Rating:

Severity Rating:

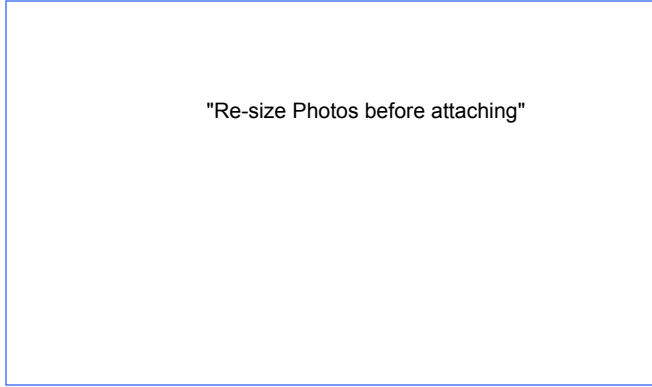
"Re-size Photos before attaching"

"Re-size Photos before attaching"

Observation #2: Repeat Observation? Yes No

Severity Rating:

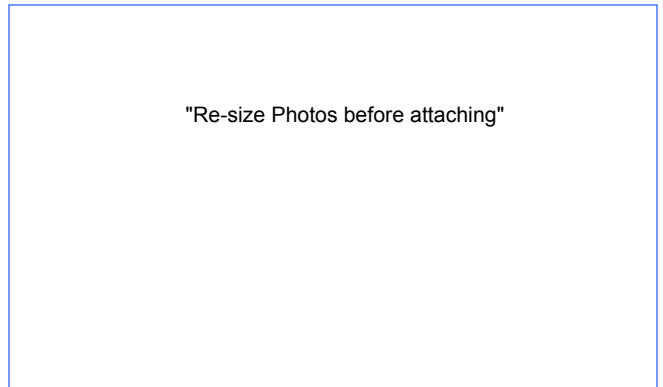
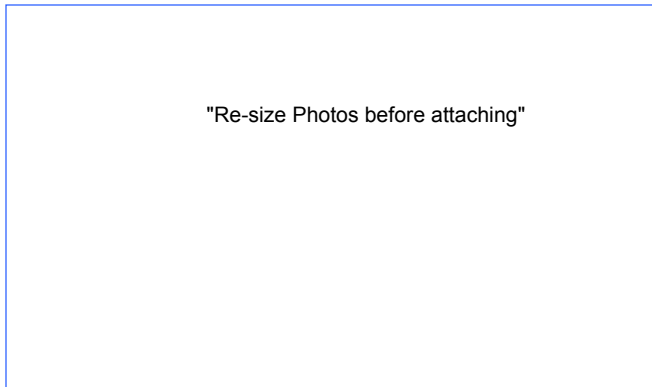
Severity Rating:



Observation #3: Repeat Observation? Yes No

Severity Rating:

Severity Rating:



Observation #4: Repeat Observation? Yes No

Severity Rating:

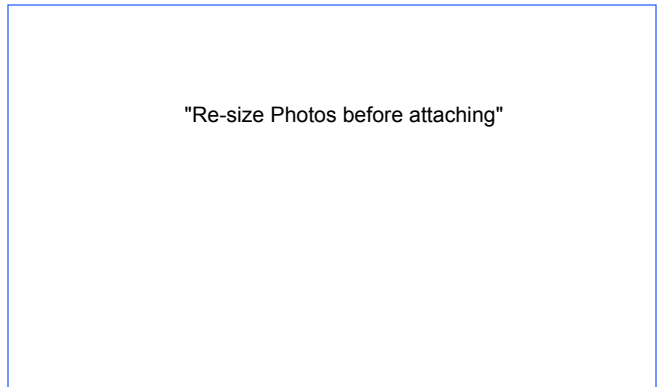
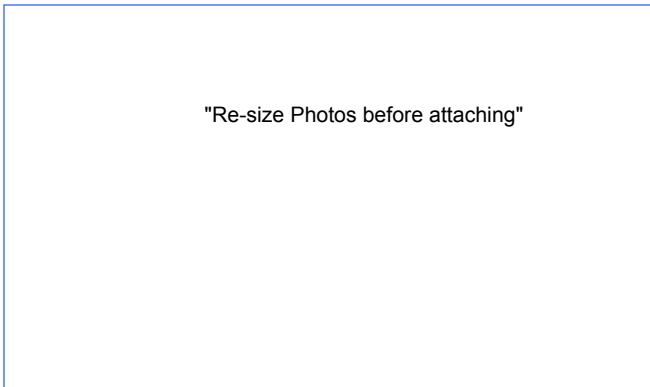
Severity Rating:



Observation #5: Repeat Observation? Yes No

Severity Rating:

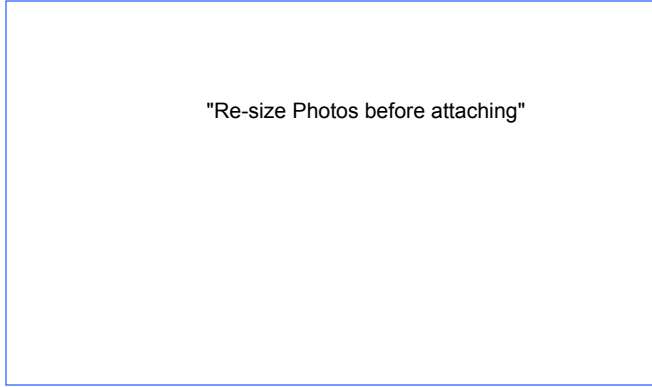
Severity Rating:



Observation #6: Repeat Observation? Yes No

Severity Rating:

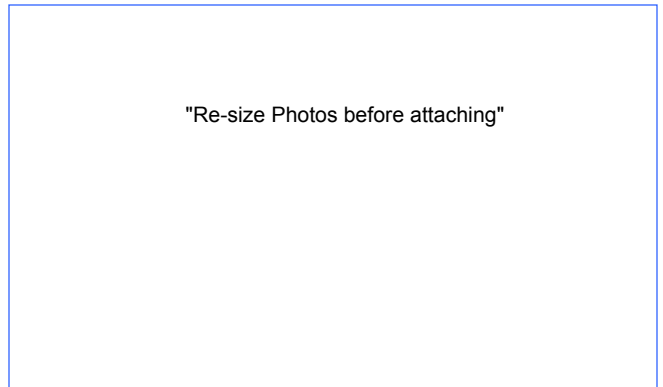
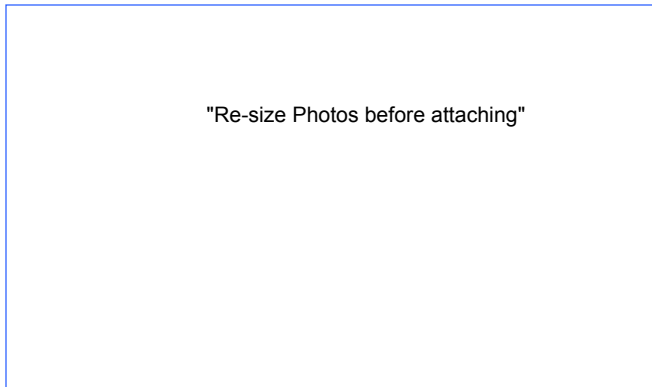
Severity Rating:



Observation #7: Repeat Observation? Yes No

Severity Rating:

Severity Rating:



Observation #8: Repeat Observation? Yes No

Severity Rating:

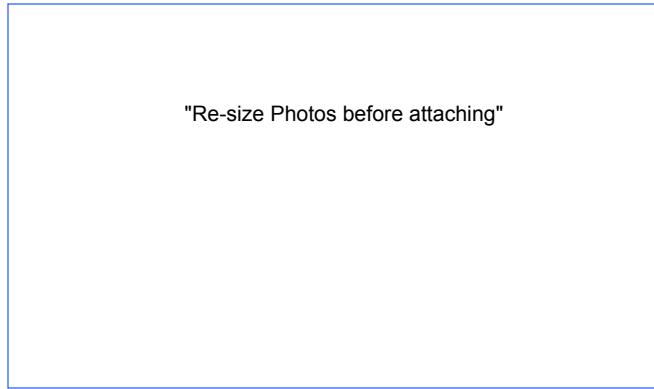
Severity Rating:



Observation #9: Repeat Observation? Yes No

Severity Rating:

Severity Rating:



Observation #10:

Repeat Observation? Yes No

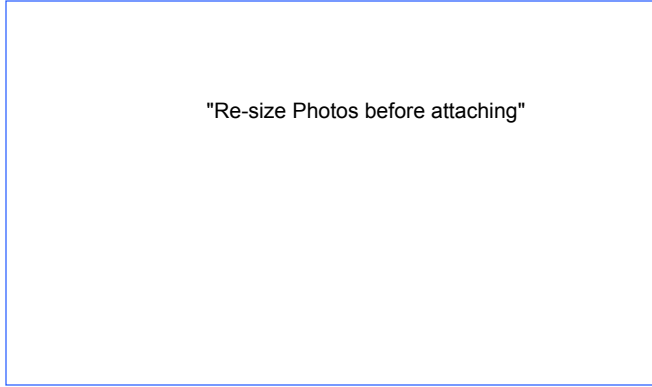
[Empty text box for observation details]

Severity Rating:

[Empty severity rating box]

Severity Rating:

[Empty severity rating box]



RECOMMENDATIONS

[Large empty text box for recommendations]

Acknowledgement of Acceptance for Improvements

I have read the report and understood that I am responsible for taking the necessary action to reduce / eliminate the hazards identified in this report

Failure to take necessary action by the corrective action due date may result in suspension of work & penalties

Observation #1

Corrective Action Due Date

Observation #2

Corrective Action Due Date

Observation #3

Corrective Action Due Date

Observation #4

Corrective Action Due Date

Observation #5

Corrective Action Due Date

Observation #6

Corrective Action Due Date

Observation #7

Corrective Action Due Date

Observation #8

Corrective Action Due Date

Observation #9

Corrective Action Due Date

Observation #10

Corrective Action Due Date

Follow-Up Date

Issued by (Print Name): _____
HSE Representative/Officer

Received by (Print): _____
Contractor's Representative

Signature: _____

Signature: _____

Date:

Position: _____

Date: