

WORKPLACE HAZARD OBSERVATION & CORRECTIVE ACTION CARD



Company Name:	Department / Section:	Location / Site / Area:	Date & Time:
Job / Task Observed:	Shift:	Weather Condition:	Form No / Rev:
Observer Name:	Employee ID / Badge No.:	Designation:	Contact No.:
Observer Signature:	Supervisor Signature:		

Hazard / Aspect Type	Category	Sub-Category	Observed Hazard
People / Behavior	Unsafe Act / PPE Not Used / Line of Fire		
Procedure	Not Followed / Inadequate / Not Understood		
Engineering Controls	Moving parts not guarded / Electrical / Chemical / Pressure / Other		
Working Environment	Noise / Dust / Light-Dark / Cold-Heat / Environmental		
Tools & Equipment	Stored incorrectly / Wrong for job / Unsafe condition		

Hazard Effect Description:

1. Unsafe Act / At-Risk Behavior Observed Date & Time :	2. Unsafe Condition Observed : Date & Time :

Photo Evidence Attached? Yes ☐ No ☐

Risk Assessment	Severity	Likelihood	Risk Score	Responsible Person / Team
	Low / Medium / High / Critical	Rare / Unlikely / Possible / Likely / Certain	S × L	
Corrective / Preventive Actions			1	
Immediate Action Taken			2	
Encouragement for Safe Behavior			3	
Corrective Action Planned (Long-Term)			4	

Target Completion Date :

Actual Completion Date :

Situation Corrected? Yes ☐ No ☐ Risk Analysis Conducted? Yes ☐ No ☐

Follow-up / Closure

Verified By (HSE Officer / Manager):

Date:

Remarks:

Compliance Reference: OSHA 29 CFR 1910, ISO 45001:2018, ISO 14001:2015, Company HSE Policy Code