



ISO/IEC 17020  
IB-002

COMPANY WITH  
QUALITY SYSTEM  
CERTIFIED BY DNV GL  
= ISO 9001 =



**Security & Safety Consultants**

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PRELIMINARY GENERAL RISK ASSESSMENT CHECK LIST					
Client	LAMPRELL SHARJAH LLC				
Location	Khalid Port, SHJ				
Inspector	Katrina				
Work order / File No.:	11026/0001				
Date: 10-11-2025					
Location Type	Risk	Description	Risk level		
	Yes/No		High	Medium	Low
Construction Site	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Site	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Site	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refinery	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Training and Competencies</b>					
1 Formal safety induction process followed and documented for employees?	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Employees will be assessed and conducted their skills before they commence work or perform a new task?	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Emergency procedures	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Inspector carries checklist & test method?	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PPE</b>					
1 Cover all (Ordinary)	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Cover all (Fire Proof)	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Helmet	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Safety Shoes	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Safety Boots	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Gloves	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Goggles	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Face Mask protection	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Hearing protection	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Harness belt with shock absorber lanyard	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Life jacket	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Radium Vest	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Flashing Light or Reflector	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Dust Mask Protection	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At Equipment</b>					
1 Falling Hazard	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Access Hazard	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Slippery Hazard	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Electrical Hazard	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Moving / Rotating / Slewing Parts Hazard	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Temperature Hazard	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Pressure Hazard	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Travelling Hazard	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Tipping Load Hazard	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Public Protection</b>					
1 Barricade protection	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Sign boards	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Guidance to public	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Name : Katrina	Clients Name : LAMPRELL SHARJAH LLC				
Date : 10-11-2025	Date : 10-11-2025				