



ISO/IEC 17020  
IB-002

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



## Security & Safety Consultants

P. O. Box 23420, Dubai, U.A.E, Tel.: +971 4 8848446, Fax: +971 4 8841242  
E-mail: claysafe@emirates.net.ae www.claymoresafe.com

| PRELIMINARY GENERAL RISK ASSESSMENT CHECK LIST                                                           |                     |                                       |                          |                          |                                     |
|----------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------|--------------------------|--------------------------|-------------------------------------|
| Client                                                                                                   | TECHNICAL & TRADING |                                       |                          |                          |                                     |
| Location                                                                                                 | Oudh Metha          |                                       |                          |                          |                                     |
| Inspector                                                                                                | Wazeem Ibrahim      |                                       |                          |                          |                                     |
| Work order / File No.:                                                                                   | 10163/0001          |                                       |                          |                          |                                     |
| Date: 03-04-2025                                                                                         |                     |                                       |                          |                          |                                     |
| Location Type                                                                                            | Risk                | Description                           | Risk level               |                          |                                     |
|                                                                                                          | Yes/No              |                                       | High                     | Medium                   | Low                                 |
| Construction Site                                                                                        | Yes                 | mob                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Industrial Site                                                                                          | Yes                 |                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Commercial Site                                                                                          | Yes                 |                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Hotel                                                                                                    | Yes                 |                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Refinery                                                                                                 | Yes                 |                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Training and Competencies</b>                                                                         |                     |                                       |                          |                          |                                     |
| 1 Formal safety induction process followed and documented for employees?                                 | Yes                 |                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 Employees will be assessed and conducted their skills before they commence work or perform a new task? | Yes                 |                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Emergency procedures                                                                                   | Yes                 |                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Inspector carries checklist & test method?                                                             | Yes                 |                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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<br>Name : Wazeem Ibrahim                                                                       |                     | Clients<br>Name : TECHNICAL & TRADING |                          |                          |                                     |
| Date : 03-04-2025                                                                                        |                     | Date : 03-04-2025                     |                          |                          |                                     |