



ISO/IEC 17020  
IB-002

COMPANY WITH  
QUALITY SYSTEM  
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= ISO 9001 =



## Security & Safety Consultants

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| PRELIMINARY GENERAL RISK ASSESSMENT CHECK LIST                                                           |                                    |                                                      |                                     |                          |                                     |
|----------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Client                                                                                                   | UNITED ALSAQER HEAVY EQUIPMENT LLC |                                                      |                                     |                          |                                     |
| Location                                                                                                 | Testing to be done at CSSC yard    |                                                      |                                     |                          |                                     |
| Inspector                                                                                                | Katrina                            |                                                      |                                     |                          |                                     |
| Work order / File No.:                                                                                   | 11006/0001                         |                                                      |                                     |                          |                                     |
| Date: 01-11-2025                                                                                         |                                    |                                                      |                                     |                          |                                     |
| 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                                                                                          | Yes                                | svjxks                                               | <input checked="" 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?                                 | 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 : Katrina                                                                              |                                    | Clients<br>Name : UNITED ALSAQER HEAVY EQUIPMENT LLC |                                     |                          |                                     |
| Date : 01-11-2025                                                                                        |                                    | Date : 01-11-2025                                    |                                     |                          |                                     |