



ISO/IEC 17020
IB-002

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



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PRELIMINARY GENERAL RISK ASSESSMENT CHECK LIST					
Client	RETAIL LOGISTICS				
Location	Jebel Ali				
Inspector	Katrina				
Work order / File No.:	10945/0001				
			Date: 16-10-2025		
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"/>
Training and Competencies					
1 Formal safety induction process followed and documented for employees?	Yes		<input checked="" 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?	Yes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Emergency procedures	Yes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Inspector carries checklist & test method?	Yes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPE					
1 Cover all (Ordinary)	Yes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Cover all (Fire Proof)	Yes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Helmet	Yes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Safety Shoes	Yes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Safety Boots	Yes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Gloves	Yes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Goggles	Yes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Face Mask protection	Yes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Hearing protection	Yes		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Harness belt with shock absorber lanyard	Yes		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Life jacket	Yes		<input type="checkbox"/>	<input checked="" 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"/>
At Equipment					
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"/>
Public Protection					
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 : RETAIL LOGISTICS			
Date : 16-10-2025		Date : 16-10-2025			