

|                                                                                 |  |                                                                                                                                                                    |  |  |                   |  |  |
|---------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------|--|--|
|  |  | <b>RAY International Electrical Contracting &amp; Maintenance LLC</b><br><b>RAY International Electrical Contracting LLC</b><br><b>RAY International Power LLC</b> |  |  |                   |  |  |
| <b>QHSE SITE INSPECTION CHECKLIST</b>                                           |  |                                                                                                                                                                    |  |  | Abu Dhabi/ Dubai  |  |  |
| Date: 19-06-2023                                                                |  | Location: f                                                                                                                                                        |  |  | Client: abu dhabi |  |  |
| Project Code: ABU DHABI-COM-RESOURCE S                                          |  | Project Details: ABU DHABI-COM-RESOURCES                                                                                                                           |  |  |                   |  |  |
| Activity                                                                        |  | Site Incharge: Vijil Israel Johnson                                                                                                                                |  |  |                   |  |  |

| Sl. No           | Task Description                                                                                  | COMPLIANCE  |    |               | REMARKS    |          |   |
|------------------|---------------------------------------------------------------------------------------------------|-------------|----|---------------|------------|----------|---|
|                  |                                                                                                   | YES         | NO | NA            |            |          |   |
| <b>Equipment</b> |                                                                                                   |             |    |               |            |          |   |
| 1                | Does all Lifting Tackles covered by valid third party inspection?                                 |             | ✓  |               |            |          |   |
| <b>Quality</b>   |                                                                                                   |             |    |               |            |          |   |
| 1                | Check the availability of controlled copy of method statement.                                    |             | ✓  |               |            |          |   |
| 2                | Check whether the team is aware of the work methodology and Risk assessment.                      |             | ✓  |               |            |          |   |
| 3                | Check that measuring/ Testing equipment have valid calibration certificate & calibration sticker. |             | ✓  |               |            |          |   |
| 4                | Check that sufficient tools and materials are available to carry out the job.                     |             | ✓  |               |            |          |   |
| 5                | Check that proper tools and materials are used to carry out the job.                              |             | ✓  |               |            |          |   |
| 6                | Check whether proper planning has been done for the activity.                                     |             | ✓  |               |            |          |   |
| 7                | Check that sufficient manpower available to carry out the activity.                               |             | ✓  |               |            |          |   |
| 8                | Check whether plan for Tomorrow/Next week/ Next month available                                   |             | ✓  |               |            |          |   |
| 9                | Check whether mandatory site documents are available at site.                                     |             | ✓  |               |            |          |   |
| 10               | Check vehicle log sheet is entered properly and signed by supervisors.                            |             | ✓  |               |            |          |   |
| 11               | Check labour timecard is filled on daily basis with supervisor signature.                         |             | ✓  |               |            |          |   |
| <b>HSE</b>       |                                                                                                   |             |    |               |            |          |   |
| 12               | Check that PTW/ NOC's available at site.                                                          |             | ✓  |               |            |          |   |
| 13               | Check if any Internal Permits issued and validity ensured.                                        |             | ✓  |               |            |          |   |
| 14               | Ensure that electrical safety rules and procedure are followed.                                   |             | ✓  |               |            |          |   |
| 15               | Check the availability of Job HSE plan and Risk Assessment Matrix for the activity.               |             | ✓  |               |            |          |   |
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| Sl. No           | Task Description                                                                                                  | COMPLIANCE |    |    | REMARKS |
|------------------|-------------------------------------------------------------------------------------------------------------------|------------|----|----|---------|
|                  |                                                                                                                   | YES        | NO | NA |         |
| 16               | Check that the toolbox talk is conducted before starting the activity and recorded.                               |            | ✓  |    |         |
| 17               | Ensure that work is being carried out on the correct piece of Equipment/OHL.                                      |            |    | ✓  |         |
| 18               | Check the condition of tools & tackles.                                                                           |            | ✓  |    |         |
| 19               | Check color code in Power tools, lifting tools and tackles.                                                       |            | ✓  |    |         |
| 20               | Check the availability of first aid boxes with checklist duly filled and signed.                                  |            |    | ✓  |         |
| 21               | Check the availability of First aider and Fire warden.                                                            |            | ✓  |    |         |
| 22               | Check the condition of Fire extinguisher, calibrated and valid, availability of monthly inspection sticker.       |            | ✓  |    |         |
| 23               | Check good level of Housekeeping maintained at site.                                                              |            | ✓  |    |         |
| 24               | Waste disposed from site appropriately.                                                                           |            | ✓  |    |         |
| 25               | Check the storage of material appropriate at site.                                                                |            | ✓  |    |         |
| 26               | Check all workforce is site with appropriate PPE and using it.                                                    |            | ✓  |    |         |
| 27               | Check in random the condition of PPE for condition, clean and hygienic                                            |            | ✓  |    |         |
| 28               | Check the machinery/ equipment having 3rd party certificate and operator certified.                               |            | ✓  |    |         |
| 29               | STOP card/ Near Miss report records available                                                                     |            | ✓  |    |         |
| 30               | Check Labour welfare facilities are at site like umbrella/ tent, drinking water facilities etc. are available.    |            | ✓  |    |         |
| 31               | Check sufficient barricading facilities are available with RAY Logo in it.                                        |            |    | ✓  |         |
| 32               | Check tools mat is available at site and all tools are placed at tool mat.                                        |            |    | ✓  |         |
| 33               | Check mandatory sign boards like project sign board, men at work, unauthorized entry, etc. are displayed at site. |            |    | ✓  |         |
| 34               | Check sufficient lighting arrangement and warning lights are available at site.                                   |            | ✓  |    |         |
| Comments    ???? |                                                                                                                   |            |    |    |         |

|                | Inspected By(RAY)                                                                   | Reviewed By (RAY) |
|----------------|-------------------------------------------------------------------------------------|-------------------|
| Name           | 123treesaSang                                                                       | K.Rajkumar        |
| Designation    | Lineman                                                                             | QHSE Manager      |
| Signature&Date |  |                   |

Signature

|         |        |             |    |               |            |          |   |
|---------|--------|-------------|----|---------------|------------|----------|---|
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