

HSE OBSERVATION RECORD

Business Unit		Ref	
Project		Observation Date	
Contractor		Observation Time	
Sup Consultant		Observation Location	
OBSERVATION: (by supervision consultant)			
Observation description	<Add rows as required>		
Immediate corrective and preventive actions	<Add rows as required>		
Further corrective and preventive actions	<Add rows as required>		
Comp. date	The required date for completing the above mentioned actions is: / / 20		
Name:		Position:	
Signature:		Date:	
CLOSE-OUT REQUEST (by contractor)			
Descriptions and evidence	<Add rows as required>		
Name:		Position:	
Signature:		Date:	
CLOSE-OUT (by supervision consultant)			
Comments:	After <mention the performed verification>, this HSE observation record is closed by the below signature. <Add rows as required>		
Name:		Position:	
Signature:		Date:	