



Installation Safety Officers' Asset-wise Reporting

Submission of Safety Observation Report Formats

Last Updated on: - September 19, 2023

Brief details

In our unwavering commitment to enhancing safety across the installations, we are pleased to announce a significant milestone. We have successfully submitted the Safety Observation Report formats, a crucial element in our ongoing safety initiatives.

Formats Presented

The comprehensive Safety Observation Report templates, which have undergone rigorous scrutiny and have received approval from the esteemed M/s ONGC Corporate HSE Team. This ensures that our formats adhere to the highest industry standards and align with best practices.

Sr. No.	Report Name
1.	ONGC - List of activities Reporting Frequency
2.	ART (Accident Reduction Tool) Portal Format
3.	Monthly HSE Report
4.	Daily Safety Report (DSR)
6.	Hazard Reporting Format
7.	Safety Officers' Observation Report

Reporting format mocks

A. ONGC - List of activities Reporting Frequency

on	oc .	ASK EHS Engineering & Surat, Guji	लद्ध			
		ONGC Safety Supervision and	d Management C	ontract		
Sr	Scope of Work (2.0)	Name of Activities as per SOW	Frequency of activities	Format template	Remarks	Recommendation for Installation Safety Officer (ISO)
	jobs as per work permits systems.	1. Check work site conditions and JSA 2. Observations / Deviations at the work site against the expectations of JSA Risk Assessment for the work conducted 3. Conduct counselling to the workers for the deviation 4. Provide detailed report to ONGC personnel on significant deviations	Daily	Daily Safety Observation Report docs	Point no. 2.4 & 2.8 are stating the similar task, which has been covered "Daily Reporting formats.	
2.9	preventive measures like evacuation of people in	In the event of a fire, ISO must use the fire-fighting equipment to extinguish the fire, and in such an emergency, individuals must be properly evacuated by deployed ISO.	As and when required	Pls refer point no 5 of Daily Safety observation report		Read and understand the Fire-fighting equipment operation and Emergency Evacuation
	To administer First-Aid or CPR to victim (injured	The deployed ISO must administer the first-aid treatment if it is necessary to provide first aid to an injured person in the event of any the incident.	As and when required			Get ready to give First-Aid, in case of Emerger
	To submit Daily and Monthly Progress Report to	Prepare and circulate daily report in agreed standard format	Daily		A portal is also under development for	Use the format of Daily and Monthly Reporting
	Head HSE of the concerned Assets / Basin / Plant / Services.	Prepare and circulate monthly report in agreed standard format	Monthly	2 Monthly HSE Report xisx	displaying the Daily and Monthly Reports	as attached
	ral Terms and Conditions for Mobilisation of Installa					
.12	In case of discontinuance of work at installation due	to various reason e.g. Force majeure, strike, flood etc. All personnel involve	ed in the Safety Ser	vices shall report at respective	department located at Ass	ets/Plant/Services Office and render his service
		enting safety services shall be Graduate in Engineering (Chemical/Petrole of experience of HSE related jobs in Process Industry.	ium/Mechanical/Ele	ctrical/Instrumentation/Mining/	Civil) or degree in Industria	I Safety from and education institution by the
		or experience of HSE related jobs in Process industry. an 25 years and older than 45 years of age at the time of deployment. He n	nuet have exund he	alth to withstand touch site cou	nditions and extreme weath	age .
		ed on Onshore drilling rigs/workover rigs/production installation and 20 Ins				
		be to Chief HSE, ONGC, Delhi and 1 Project Coordinator at head Offshore	Safety, ONGC, Murr	bai for coordination, training n	nonitoring, compliance of a	If formats/checklist and PPE requirements
	The Safety Officers shall be deployed PAN ONGC at					
		mentioned at clause number 5.0 to the personnel to be deputed for safet	v services at on sho	re/offshore. No extra charges	will be paid by ONGC	

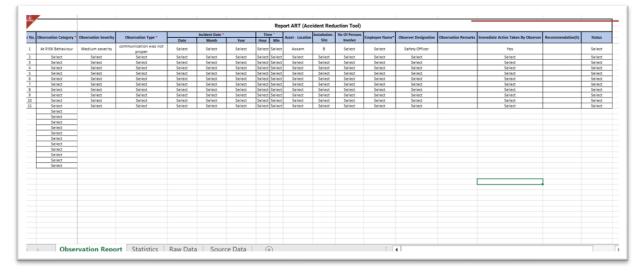


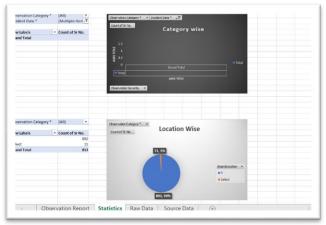






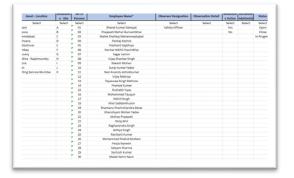
B. ART (Accident Reduction Tool) Portal Format





servation Severity	Observation Type *	Incident Date *	Time *	Asset/Location	Installation	No Of Persons Involve	Observer Type *	Observer Designation	Observation Detail *	Immediate Action Taken By Observer	Recommendation(S)	Stati
Medium severity	communication was not proper	Select-Select-Select	lect:Sele	Assam	В	Select	Select	Safety Officer	0	Yes	0	Selec
Select	Select	Select-Select-Select	lect:Sele	Select	Select	Select	Select	Select	0	Select	0	Sele
Select	Select	Select-Select-Select	lect:Sele	Select	Select	Select	Select	Select	0	Select	0	Sele
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0	0	-	:	0	0	0	0	0	0	0	0	
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Observation Category *	Observation Seventy	Observation Type *	date	month	wear	Hour	Minut
Select	Select	Select	Select	Select	Select	Select	Select
At 80% Baltanious	Line savority	barication not done after job	1	anun	2023	00	00
LZARO Identification/UNSARE Condition)	Medium severity	burn hazards	2	February	2024	01.	01
REPORT News-Mass	High severity	communication was not proper	3.	Mesh	2025	02	62
	Imminent danger	compressed gas hazerds	4	Ared	2028	01	- 03
		Confined space not inspected		May		F 04	06
		contrive chemical	6	lune		05	- 05
		countries hazards	7	My		06	- 06
		Damage equipment		August		07	67
		damage tools		Sectionities		08	08
		damaged tools & Tackles	10	October		09	09
		Con't have valid gate pass	11	November		20	22
		Don't know how to use PPE	12	December		11	22
		Don't have valid gate pass	13			12	12
		Don't have valid work permit	24			23	23
		Don't have work permit	15			34	34
		Don't know how to use PPE	16			25	25
		Driving heavy equipment without helper	17			16	35
		dropped object hazards	18			17	17
		drowning hazards	19			18	18
		elektrical hazards	20			19	29
		Entaglement hazards	21			20	30
		Equipment not inspected as per schedule	22			21	21
		Equipment not inspected before use	23			22	22
		Equipment not inspected before used	24			23	23
		fall hazards	25			34	34
		Fire equipment not inspected	26				25
		Fire equipment not working	27				26
		Gas leaking	28				27
		grouding not proper	29				28
		HAUTNESS not anchored	30				29
		HAZAIGOUS housekeeping	31				30





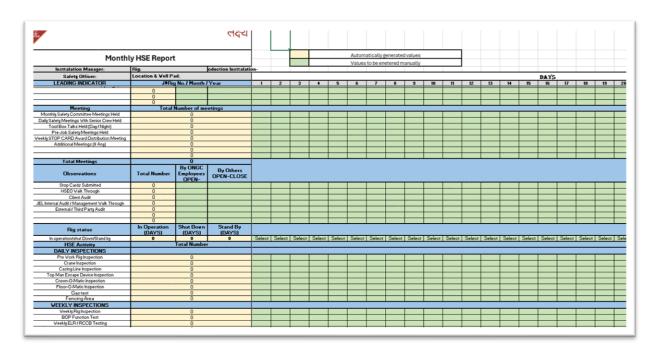






C. Monthly HSE Report

			लद्य																			
Month	lly HSE Report										enerated											
	-								Values	to be en	etered m	anually										
Insttalation Manager:	Rig:		oduction Insttalati	on-																		_
Safety Officer:	Location & Vell Pa																		DAYS			
LEADING INDICATOR	J®Rig	No./ Month /	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Fire Equipment Inspection		Ü	to.	_	-	_	_							_			_	_	-	_		
Safety Harness / Fall Arrestor Inspection Vehicle Inspection		0		_	-	-	_		_					_			_	_	-	_		
Ambulance Inspection		0		_	-	_	_		_					_			_	_	_	_		-
Shackle Inspection					-	-	_		_	_				_		_	_	_	_	_		
		0		_	-	_	_		_								_	-	_	_		-
Crane Inspection Forklift Inspection		0																_				
Forkilt Inspection Hydra Inspection		0																-				
Hydra Inspection wire rope Sling Inspection		0																				-
		U			_														_			_
ERP DRILLS					_	_	_		_			_							_			
BOP PIT Drill		0																	-			
BOP TRIP Drill		0			-	_	_											_	_			
Fire Drill Flig Site		0			_	_												_	_			
Fire Drill Camp		0			-	_	_											_	_			
Flammable or Toxic Gas Leak Drill		0			_	_												_	_			
Stretcher Drill @ Ground Level		0			-	_	_							_				_	_			
Rescue Drill from Rig Floor		0			-	_												_	_			
Rescue Drill from Monkey Board		0			-	_	_											_	_			
Security Incident Drill		0			_	_												_	_			
Oil Spill Drill	~			_	_																	_
MISCELLANEOUS	Total Number	LL Employee	Others	_	_	_	_		_	_	_	_	_	_		_	_	_	_	_	_	_
Inductions (Visitor / Crew)				_	-	-	_		_	_				_		_	_	_	_	_		-
Health & Safety Trainings Conducted				_	-	_										_	_	_	_	_		
Cold Vork Permits Issued				_	-	-	_	_	_					_				_	-	_		-
Hot Vork Permits Issued				_	-	_	_		_								_	_	_	_		
Drop Object Survey Conducted				_	-	-	_		_	_			_	_		_	_	_	_	_		_
Pre-Spud Inspection						-																
HSE Alerts Discussed cident investigation recommendations general					-																	
cident investigation recommendations general of Piecommendations of investigations closed	reg d aut			-																		
List of vehicles	1000	Km Driven			_	_	_		_	_	_		_			_	_	_	_			_
List of vehicles		0																				
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NAME	SIGNATI		DATE		_		_					_						_	_			_
Officer:	- SIGNATI		DATE																			
alation Manager:	1			i																		
anaction r-rainager.				4																		









D. Daily Safety Report

Permit number (if any)	No. Of Participants	Activity	Work	Supervisor	Specific Hazards, Controls Discuss				
	rarucipants	-							
Emergency Res	ponse								
Тур	e of Emergency	Location	Start Time	Injury	if any	Is the emergency over or still on going			
HSE training co	nducted				Specific instruction	n or follow-up in next shift			
1	lopic details	Total attendees	Company						
Name of Installi	ation [

Project/ Asset:		Location:	Name of Installation:	
ite Visit Observation/De	viation of 10 Life-Saving Rule	es		
Observation Location	Permit Number (if any)	Deviation Observed	Corrective Action	Taken
	+			
	 			
	+			
ISE Induction Conducted				
	of person	ID number	Company	Time of Induction
		(Aadhar/PAN Card/Driving License)		11110 01 111000001
ias Testing conducted.				
Permit number (Ho	Type of permit t work, Confined Space, etc.)	Location	 Observation if any	







E. Hazard Reporting Format

	(Accident Reduction Tool) Hazard Reporting
Name	e of Project/Assest:
Name	of Contractor:
Locat	ion:
Name	of Installation:
	of At Risk Behaviour/ Near-miss Reporting Hazard Observation libe your Observations:
If Yes,	you taken any action to reduce the risks? Yes No Describe: of Risk (Choose One):
_	Low severity Medium severity High severity Imminent danger
Furth	Low severity Medium severity High severity Imminent danger er action required: Yes No
Repo	er action required: Yes No ted to concerned Individual for further action:
Repoi	er action required: Yes No sted to concerned Individual for further action:
Repoi Name Positi	er action required: Yes No sted to concerned Individual for further action:
Repoi Name Positi	rer action required: Yes No red to concerned Individual for further action: :









F. Safety Officers' Observation Report

			ओएनजीशी ्री ongc				rine area:
		01	GC (Location) Asset				
		Safety	Officer Observation Report		7. <u>C</u>	ondition of Wind socks	
	afety Officer -					Location	Condition
Date Installation							
1 No of	Hot work permits Ch	ecked ·					
+	HOL WOLK DELINIES ON	icaco.			8. <u>G</u>	eneral Observation & Remarks for Operational Area	K.
No	Area	Agency	Job Description	Remarks : (Exceptions / Safety		cklist Point:	
<u> </u>	-			Violations if any)		Item (C Steam leakages	Observations
<u> </u>						Fire water leakages	
. L							
2. No. of	Cold permits Checke	d.:				Cooling water / Service water leakages	
Cold w	ork permit no:					d) Hydrocarbon leakages	
						Vibration in Pipe lines / Control Valves	
	of Work:					Earthing connections & Electrical system / Motors	
Vehicle	e Permit in Operation	al Area.				Guards in moving parts of equipment Spillage near sampling points in process area	
SR	No Vehic	ile No	Valid Entry Pas	es_(OK or Not OK)		Road cutting / Blockage	
						Improper Electrical Junction boxes	
					9 TI	orough Inspection of Particular Area for Checking	of Flectrical Junction Royes & upsafe condition
					J. 11	orough inspection of Particular Area for Checking	or Erecurcar Junction Boxes a unsaire conditions.
4. ONGC	/ Contractual Person	e Entry pass: (hecked the following:		10. M	ain Crude oil tank under water drain (observation)	
Ce	ontractual Agency/ON	IGC	Name & persons	Frisking/Wearing PPE			
					11. <u>In</u>	ermediate oil tank under water drain (observations	0
					12. <u>Ar</u>	y other Observations of Safety officer:	
					(i)	Housekeeping, cleaning, water leakage (Non	-Technical) observation:
					(ii	Technical / operation related Observations;	

rea o	Safe bserved:	ety Observa	tion Form	nat			Instruction for filling up feedback by safety officer:
ŞL	Behavior observed in following Aspect	Nos. of Safe Behaviors	Nos. of at- risk Behaviors	% of Safe Behavior	No of appreciative feedback	No of corrective feedback	Please tick / highlight (in yellow color) against mentioned factors / barriers from any one or mo option given below (based on feedback collected by observation of particular, work). You may a feedback collected during observation at (e) any other factor / issue.
1	Use of proper PPEs		Deliaviors		recouser	recondex	Feedback by safety observer:
	Safety Shoes					_	Comments and Observations of above observed behaviors:
	Safety Heimets						
	Ear Defenders						 Factors that may that may trigger "At Risk Behaviour" (Please put tick mark on applicable factor or mention any factor at point (e):
	Hand gloves						sactor at point (e):
	Safety Goggles						(a) Job Pressure/ System-time constraint, humy, priority, poor job co-ordination
	Breathing Apparatus						(b) Apathy, Insignificant- do not care, unimportant
2	Use of Work Permit						(c) Personal Factor or Distraction- not thinking, mind not on the task at hand, precocupied, self-imposed pressure.
	Permit obtained not					1	(d) Accepted culture or peer pressure
	Permit conditions violations						(e) Any other factors:
3	Adherence to SOPs						
	Tool Box Talk carried Out						2. Potential barriers to Safe Behaviour (Please put tick mark or colour in yellow on applicable factor or mention an
	SOP exists						factor at point (e):
	JSA done						(a) Training issue. Unfamiliar-never trained, unqualified, too long since training, unusual task
4	Bypassing of Safety Critical						(a) I having issue, Unlaminar-never trained, unqualitied, too long since training, unusual task (b) Facility and equipment condition-design, modification, deterioration
	Equipment (Process Control Room					1	(c) Non-availability of resources / absence of safe behaviour promotional program
_	& Co-gen C/R)						(d) Working Environment Related
_	Bypass policy exists Bypass Policy followed		_			_	(e) Any Other Issue:
	Drugs, consumption of alcohol /					_	Suggestion for Management Action: Please put tick mark or colour in vellow on applicable factor or mention any
9						1	 Suggestion for Management Action: Please put tick mark or colour in yellow on applicable factor or mention any factor at point (e):
£	Smoking Working at Height			_		_	rector as point (e).
0	Use of proper ladder					_	(i) Intervention in terms of PPE usage (Shoe, Helmets, ear plup mult) in operating areas
_	Use of Proper Scaffolding	_		_		_	(ii) Employees need to be aware of the importance of Bypass policy of safe critical equipment
	Anchoring of Safety Belt					-	(ii) Critical Safety Bypass authorisation as against the corporate policy should get priority attention
	Use of Safety net			_		_	(iv) Types of ear defenders and its use should be encouraged
7	Handling of loads					_	 Any violation of work permit rules need to be sorutinised for root causes SOPs are must for any chemical handling operations
_	Proper Posture					_	 (vii) PESO approved spark arrestors should only be used and any makeshift type arrestors be avoided.
_	Mechanism			_			(viii) Wearing of seat belt of driver entering the plant premises need to be encouraged.
_	Proper tools used					-	(ix) Any other suggestions:
ŝ	Use of Mobile phone in Operations	_		_		_	
۰	Area						Date of observation Name of Safety Officer Signature
9	Housekeeping					_	Date of observation Name of Safety Officer Signature
÷	Handling of oil and Chemicals					_	
_	Storage of materials					_	
	Cleaniness					_	
10	Driving						
-	Use of Safety Belt						
_	Following Speed limits						
_	Wrong side driving					_	
_							

Enclosing

The effective utilization of these formats is paramount in our mission to strengthen safety measures. We have already provided these templates to our installation safety officers to expedite their implementation. Now, we extend the same set of formats to all the respective Asset locations.



