



## Daily Safety Report Template

Company name		Date	
Project		Day: Mon Tue Wed Thu Fri Sat Sun	
Location/Area		Shift start time	
Safety Officer		Shift end time	
Safety Manager			

### Regular patrols

Start time	End time	Area checked	Findings

### Access control



Name & surname	ID	Entry time	Exit time	Access type
				<input type="checkbox"/> Authorized <input type="checkbox"/> Unauthorized
				<input type="checkbox"/> Authorized <input type="checkbox"/> Unauthorized
				<input type="checkbox"/> Authorized <input type="checkbox"/> Unauthorized
				<input type="checkbox"/> Authorized <input type="checkbox"/> Unauthorized

<b>Safety incidents</b>
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Security incident (threats, theft, vandalism, trespassing, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Near misses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unsafe conditions (unguarded machinery, improper ventilation, inadequate lighting, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
First aid cases	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental incidents (chemical spills, air emissions, high noise levels, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No



Other:	
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**Incident details**

No.	Time	Description	Witnesses data	Root cause analysis	Corrective action

<b>Equipment &amp; system checks</b>	<b>Safety hazards found/ Malfunction/ Needs maintenance</b>
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Property conditions	<input type="checkbox"/> Doors <input type="checkbox"/> Windows <input type="checkbox"/> Gates <input type="checkbox"/> Fire exits & extinguishers <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Other:	
Electrical equipment & plumbing	<input type="checkbox"/> Wiring <input type="checkbox"/> Electrical panel <input type="checkbox"/> Lighting <input type="checkbox"/> Plumbing leaks <input type="checkbox"/> Water heaters <input type="checkbox"/> Other:	



Exterior	<input type="checkbox"/> Roof <input type="checkbox"/> Gutters <input type="checkbox"/> Walls <input type="checkbox"/> Stairways <input type="checkbox"/> Other:	
Surveillance system	<input type="checkbox"/> Cameras <input type="checkbox"/> Recording & storage <input type="checkbox"/> Monitoring software <input type="checkbox"/> Other:	
Safety check equipment used	<input type="checkbox"/> Safety helmets <input type="checkbox"/> Welding helmets <input type="checkbox"/> Ear plugs <input type="checkbox"/> Safety glasses <input type="checkbox"/> Masks with filters <input type="checkbox"/> Safety shoes <input type="checkbox"/> Protective gloves <input type="checkbox"/> Fall protection <input type="checkbox"/> Flashlights <input type="checkbox"/> Other:	

<b>Communication log details</b>	<b>Time log</b>
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Calls to the control center (radio or phone)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Briefing	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Supervisor instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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<b>Handover notes</b>
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Urgent pending issues	
Maintenance work activities (pending, in-progress, or planned)	
Safety protocol deviations	
Instructions	

Safety Officer signature \_\_\_\_\_

Safety Manager signature \_\_\_\_\_

Shift handover time \_\_\_\_\_

Next shift Safety Officer \_\_\_\_\_

Next shift Safety Officer signature \_\_\_\_\_