PROCEDURE FOR TRAINING AND DEVELOPMENT

Quality Management System (ISO 9001:2015)
Occupational Health & Safety Management System (ISO 45001:2018)
Environmental Management System (ISO 14001:2015)

FALCON MIDDLE EAST CONTRACTING AND GENERAL MAINTENANCE – SOLE PROPRIETORSHIP L.L.C.

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1.0 PURPOSE

This procedure describes the methods used to ensure that all the employees at all levels receive the appropriate training in his/her related field and in accordance with the applied IMS.

This procedure also ensures that specific training needs are identified, based on business, departmental and individual needs, and necessary knowledge and skills are imparted to the personnel.

2.0 SCOPE

This procedure applies to all of FALCON MIDDLE EAST' employees who have direct or indirect relation with the overall quality of the product/service provided.

3.0 ROLES AND RESPONSIBILITIES

The **General Manager** has overall responsibility of this procedure and ensures that resources are available to provide trainings and enhance employees' competencies.

The **QHSE Management Representative** is responsible;

- To ensure that training plans are formulated and implemented though the HR Department.
- To ensure that training records are maintained.

The **Human Resources (HR) Dept.** is responsible;

- To facilitate training need submission of Department Heads or Section Heads at the beginning of the year or as required.
- To prepare Annual Training Plan in coordination with the QHSE Management Representative and Department Heads/ Section Heads.
- To coordinate/organize all approved trainings for employees or any other employee professional development activities.
- To seek approval of all training requests from the General Manager.
- To maintain training and staff development records.

The **Department Head** is responsible;

- To submit training need to HR department.
- To evaluate, along with HR Department and QHSE Management Representative, the effectiveness of the training attended by staff.

Employees are responsible;

- To raise training request (as required) to their Department Heads or Section Head.
- To submit copy of training certificate to HR Department for record purposes after the training.
- To share learnings from training to other employees if so required.

- Apply learnings of the training attended to their respective area of work.

4.0 TERMS AND DEFINITION

None

5.0 PROCEDURE

5.1 IDENTIFICATION OF TRAINING NEEDS

Training requirements are identified by the Department Heads or Section Heads through with consideration to job requirements, statutory/ legal requirements, objectives if any and annual employee competence and performance appraisal, etc. When selecting employees for any training, due consideration must be given to the responsibility (actual/planned), ability, language skills, literacy and the potential risks of each employee.

The training program will be classified into:

- Organizational Need based training
- Position Need based training
- Individual need based training

This identified Training Needs shall be then communicated to the HR Department by using the Training Need Form.

The Annual Training Plan based on the training needs of various departments/ sections is then compiled and prepared by the HR Department along with the QHSE Management Representative and shall be approved by the General Manager.

The HR Department is also responsible to do necessary arrangements for the trainings and inform the concerned employees.

The Annual Training Plan is then monitored and reviewed quarterly for its effectiveness by HR Department in coordination with the Department Heads/ Section Heads and the QHSE Management Representative, and ensure that it is realized as per the plan.

5.2 TRAINING IMPLEMENTATION

- QHSE Management Representative shall ensure that all the FALCON MIDDLE EAST employees will be inducted at the commencement of the employment.

- The training shall be carried out either internally or externally by qualified Instructor or by any external Training Service Provider. Only competent and approved Instructors shall be authorized to conduct any QHSE related trainings in FALCON MIDDLE EAST.

- It shall be the responsibility of Instructors to ensure that appropriate means of communication, training techniques, presentations and materials are utilized in the implementation and provision of trainings so that the knowledge and skills of the training participants are ensured with regards to QHSE matters. Training should be a combination of classroom and on-the-job training.

- When conducting training, the Instructor shall be responsible for ensuring the preparation of the following:
  - Suitable venue/place of training;
  - Clear & properly compiled training handouts;

- PowerPoint presentations;
- Laptop & Projector;
- Whiteboards & markers;
- Papers, pens & pencils;
- Examination sheets (if required);
- Copy of Training Attendance

- Training Attendance shall be used to register the names of the training participants.

- Training effectiveness evaluation shall be carried out by the Instructor as deemed practicable. The assessment of individual training participants may include any of the following:
  - Quizzes (to evaluate knowledge);
  - Written examination;
  - Performance-based checklist;
  - Oral interviews;
  - On-the-job simulations;
  - Others.

- The HR Head shall maintain individual training history records of employees for the purpose of reviewing training needs.

5.3 PERFORMANCE REVIEW AND TRAINING EVALUATION

On Completion of the training, a Post Training Evaluation Form must be issued to attendees and analyze the feedback of the training to determine effectiveness.

The Department Heads or Section Head in coordination with the HR Department and QHSE Management Representative monitors the employee's performance to verify the effectiveness of training using Evaluation of Training Effectiveness form and assign the trained person to train others as well, as necessary.

In the event of any deficiencies in a training program, The HR Department evaluate the ineffectiveness and submit a report for management review.

The Department Head and Section Heads must have a practice of continual monitoring and evaluation of employee's performance based on competence and record all results of the review.

The performance review of employees shall be conducted by the Department Heads or Section Heads annually and inform the results of to the employee being reviewed and communicate details of the review to the HR Department.

The HR Department as well as the different departments must maintain an updated, traceable and easily retrievable system of records including all trainings, performance review and training effectiveness.

5.4 TRAINING OF NEW EMPLOYEES

Upon hiring of the new employee, the HR Department must make necessary induction arrangements regarding the company policies including those concerning the IMS in coordination with the QHSE Management Representative. The Department Heads or Section Head must also arrange an orientation for him/her concerning those policies and tasks related to the department.

Details of the induction/orientation shall be documented in Induction Training Form.

Note: Visitors, contractors/subcontractors, suppliers and clients representatives must also be inducted and documented in Induction Training Form.

5.5 REQUIREMENTS FOR QHSE COMPETENCY

- The HR Department and QHSE Management Representative shall ensure that all employees of FALCON MIDDLE EAST including other external parties working on behalf of the organization performing tasks and by which it controls are competent on the basis of appropriate education, training and/or experience.

- The QHSE Management Representative in coordination with the HR Head shall identify and evaluate the competency requirements of each of their employees, taking into consideration both the relevant QHSE competencies and task-specific competencies.

- An Competency Matrix and Training Matrix shall be developed and maintained which will set the minimum qualification and training requirements for each job functions within FALCON MIDDLE EAST. Each employee assuming specific job function, roles and responsibilities should meet or try to achieve the minimum requirements specified in the Competency Matrix and Training matrix.

- The Competency Matrix and Training Matrix shall be periodically reviewed by the QHSE Management Representative along with the Human Resources Head and shall be reviewed and updated as deemed necessary. This matrix shall be subject to approval of the General Manager.

6.0 REFERENCE DOCUMENTS

- FALCON-PRO-08-FRM 01 Competency Matrix
- FALCON-PRO-08-FRM 02 Training Matrix
- FALCON-PRO-08-FRM 03 Training Need Form
- FALCON-PRO-08-FRM 04 Annual Training Plan
- FALCON-PRO-08-FRM 05 Training Attendance Sheet
- FALCON-PRO-08-FRM 06 Post Training Evaluation Form
- FALCON-PRO-08-FRM 07 Evaluation of Training Effectiveness
- FALCON-PRO-08-FRM 08 Induction Training Form

PROCEDURE FOR OSH RISK MANAGEMENT

Occupational Health & Safety Management System (ISO 45001:2018)

FALCON MIDDLE EAST CONTRACTING AND GENERAL MAINTENANCE – SOLE PROPRIETORSHIP L.L.C.

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1.0 PURPOSE

The purpose of this procedure is to establish, implement and maintain a process for defining the identification of OSH hazards & risk. In addition, this procedure aims to provide and specify the methodology of risk assessment and the development of risk control as appropriate.

2.0 SCOPE

This procedure is applicable to all personnel with specific OSH roles & responsibilities necessary for successfully implementing the Occupational Safety and Health Management System in compliance with the requirements of ISO 45001:2018.

3.0 ROLES AND RESPONSIBILITIES

The **General Manager** is mainly responsible in ensuring that hazards and risks are maintained to a level as low as practicable across all levels and activities of the organization. It also ensures that all resources are available to implement this policy and control measures to manage hazards and risks.

The **QHSE Management Representative along with the HSE Officer/In-charge** is responsible for:

- Ensuring that hazard identification, risk assessment and their management is implemented by all departments of FALCON MIDDLE EAST
- Assist supervisory personnel in hazards review and control process.
- Assist supervisory personnel in staff training on hazard identification and control.
- Facilitate the implementation, updating, coordination, monitoring and reporting of the of the risk assessment performance

The **Supervisory or Engineers** is responsible to:

- Educate, instruct and encourage staff to participate in Hazard Identification and Control process.
- Ensure training of staff regarding hazard identification.

All **staff** is responsible to:

- Participate in the hazard identification and control process.
- Notify supervisory personnel of any safety concerns or hazards(s) present at the workplace.

4.0 TERMS AND DEFINITION

Terms	Definition
Hazard	Source, situation, or act with a potential for harm in terms of human injury of ill-health, or a combination of these.
Hazard Identification	Process of recognizing that a hazard exists and defining its characteristics.
Elimination	Process of removing the hazard. (Example: eliminating a requirement to carry out the task, or the use of a piece of equipment or chemical.)

Terms	Definition
Substitution	Process of replacing a material, plant or work practice with a less hazardous one. (Example: replacing a hazardous chemical with a less hazardous one.)
Engineering Controls	Process of engineering the solution to minimize the risk. This type of control is highly desirable as the process reduces the reliance on human behaviour to effect long lasting positive change. There are number of aspects to engineering controls.
Administrative Controls	Process of putting signage, labels, posters, stickers, etc. to warn personnel of the existing hazards involve.
Personal Protective Equipment	The Personal Protective Equipment (PPE) is the last and least effective control method used. It involves staffs and employees to wear appropriate PPE such as steel-mesh gloves, safety shoes, helmets, aprons, goggles, ear muffs, etc. to isolate the person from the hazards. Any breakdown of the system immediately exposes the worker to the hazard. This control method is not highly effective because it relies totally on human behaviour. PPE often forms part of a 'short term' control method.
Incident	Work-related event(s) in which an injury or ill-health (regardless of severity) or fatality occurred, or could have occurred. An 'accident' is an incident which has given rise to injury, ill-health or fatality. An incident where no injury, ill-health or fatality occurs may also be referred to as a 'near-miss', 'close call', or 'dangerous occurrence'. An 'emergency situation' is a particular type of incident.
Risk	Combination of the likelihood of an occurrence of a hazardous event or exposure(s) and the severity of injury or ill-health that can be caused by the event or exposure(s).
Risk Assessment	Process of evaluating the risk(s) arising from a hazard(s), taking into account the adequacy of any existing controls, and deciding whether or not the risk(s) is acceptable.
Risk Management	Risk management is: "the culture, processes and structures that are directed towards realizing potential opportunities while managing adverse effects."
Risk Register	List of hazards, associated risks (pre and post control) and controls, sorted according to highest and lowest risk.

5.0 PROCEDURE

The aim of risk assessment is to identify potential sources of harm and loss and put in place adequate controls or preventive measures before they result in an accident or illness. The key stages are as follows:

5.1 SELECT A TEAM

The General Manager along with the QHSE Management Representative and HSE Officer spear head the Risk Management process. He initiates the selection of the team who will identify hazards and assess risks.

People responsible for carrying out hazard identification and risk assessment survey must have the necessary skills. The team should include a person who has direct relation with the area to be assessed. This could be the area supervisor or any other employee from that area.

5.2 IDENTIFYING THE HAZARD

This step seeks to identify the hazards and risks to be managed;

Comprehensive identification using a well-structured systematic process is critical, because a hazard or risk not identified at this stage may be excluded from further analysis.

Identification shall include actual and potential risks, whether or not they are under control of the entity, and shall cover all routine and non-routine activities of all persons having access to the work place. Human behaviour shall also be taken into account. Furthermore, this will consider the following factors:

- machinery, equipment and materials
- activities of all personnel having access to the workplace including employees, subcontractors, suppliers, visitors and enforcers
- Relevant legal and other requirements
- Facilities at the work place
- Known hazards (e.g. hazardous materials, gases, chemicals, etc)
- Environment
- Design of work areas
- Incident reports
- Known near misses
- Who/what may be harmed
    - employees
    - contractors
    - visitors
    - environment
    - entities
    - machines/equipment/property
    - the public.

The aim is to generate a comprehensive list of sources of risks and events that might have an impact on the achievement of each of the objectives identified in the context.

5.3 FIVE (5) STEPS OF RISK ASSESSMENT

Step 1 – Identify the hazards
Step 2 – Decide who might be harmed and how
Step 3 – Evaluate the risk and decide on precaution
Step 4 – Record your findings and implement them
Step 5 – Review your assessment and update if necessary, don’t overcomplicate the process



5.3.1 STEP 1 IDENTIFY THE HAZARD

First, need to work out how people could be harmed. When work in a place every day it is easy to overlook some hazards, identify the ones that matter:

- Walk around the workplace and look at what could reasonably be expected to cause harm.
- Consult employees or the representatives what they think. They may have noticed things that are not immediately obvious.
- Visit the (Health & Safety, Environment) HSE website. HS publishes practical guidance on where hazards occur and how to control them.
- Check manufacturers' instructions or data sheets for chemicals and equipment as they can be very helpful in spelling out the hazards and putting them in their true perspective.
- Analyse accident and ill-health records – these often help to identify the less obvious hazards.
- Remember to think about long-term hazards to health (e.g. high levels of noise or exposure to harmful substances) as well as safety hazards.

5.3.2 STEP 2 DECIDE WHO MIGHT BE HARMED AND HOW

It is to be clear about who might be harmed for each hazard identified; it will help to identify the best way of managing the risk. That doesn't mean listing everyone by name, but rather identifying groups of people (e.g. people working in the storeroom' or 'passers-by').

- Some workers have particular requirements, e.g. new and young workers, migrant workers, new or expectant mothers and people with disabilities may be at particular risk. Extra thought will be needed for some hazards;
- Cleaners, visitors, contractors, maintenance workers etc., who may not be in the workplace all the time;
- Members of the public, if they could be hurt by your activities;
- Consult staff if they can think of anyone that has been missed.

5.3.3 STEP 3 EVALUATE THE RISK AND DECIDE ON PRECAUTIONS

After the identification of hazards then decide what to do about them. The law requires doing everything 'reasonably practicable' to protect people from harm.

First, look at what are already in practice; think how the work is organized. Then compare this with the good practice and see if there are more controls required to bring the risk assessment up to standard.

Consider:

- How to get rid of the hazard altogether?
- If not, how to control the risks so that harm is unlikely?
- When controlling risks, apply the principles below, if possible in the following order:
- Try a less risky option (e.g. switch to using a less hazardous chemical);
- Prevent access to the hazard (e.g. by guarding);
- Organize work to reduce exposure to the hazard (e.g. put barriers between pedestrians and traffic);
- Issue personal protective equipment (e.g. clothing, footwear, goggles etc); and
- Provide welfare facilities (e.g. first aid and washing facilities for removal of contamination).

The level of risk is calculated by multiplying the Consequence Score and Probability of Occurrence together:

Risk = Consequence Score x Likelihood of Occurrence

Involve staff, so that you can be sure that what you propose to do will work in practice and won't introduce any new hazards.

The most pertinent information sources and techniques shall be used when analysing consequences and likelihood. Sources of information may include the following:

- Past records;
- Practice and relevant experience;
- Relevant published literature;
- Economic, engineering or other models; and
- Specialist and expert judgments.

Following on from the analysis for likelihood and consequences, FALCON MIDDLE EAST assign a risk rating to the hazard. Using the table below provides a consistent method of assessment that can be applied by different personnel and at different times.

1. Severity Criteria

Severity Level	Descriptor	Description / Examples
1. Insignificant	Minor impact	No injury or very slight harm (e.g., small bruise, negligible damage). First aid not required.
2. Minor	Minor injury	First-aid–level injury, short-term discomfort. No lost time.
3 . Moderate	Injury requiring medical treatment	Injury requiring medical attention, short-term lost time, reversible harm.

Severity Level	Descriptor	Description / Examples
4. Major	Serious injury	Major injury such as fractures, significant lost time, long-term or irreversible harm.
5.Catastrophic	Fatality / Multiple serious injuries	Single fatality or multiple major injuries. Permanent disability.

2. Likelihood Criteria

Likelihood describes how probable it is that harm will occur:

Likelihood Level	Descriptor	Description / Examples
1 – Rare	Very unlikely	Could occur only in exceptional circumstances.
2 – Possible	Low probability	Could occur, but not expected. History of few or no incidents.
3 – Likely	May occur	Has happened before; realistic chance.
4 – Often	High probability	Will occur in many circumstances. Regular incidents or near-misses.
5 – Frequent	Expected	Event is expected to occur frequently.

	CONSEQUENCE				
PROBABILITY	**Insignificant 1**	**Minor 2**	**Moderate 3**	**Major 4**	**Catastrophic 5**
Rare-1	1	2	3	4	5
Possible-2	2	4	6	8	10
Likely-3	3	6	9	12	15
Often-4	4	8	12	16	20
Frequent-5 Almost Certain	5	10	15	20	25

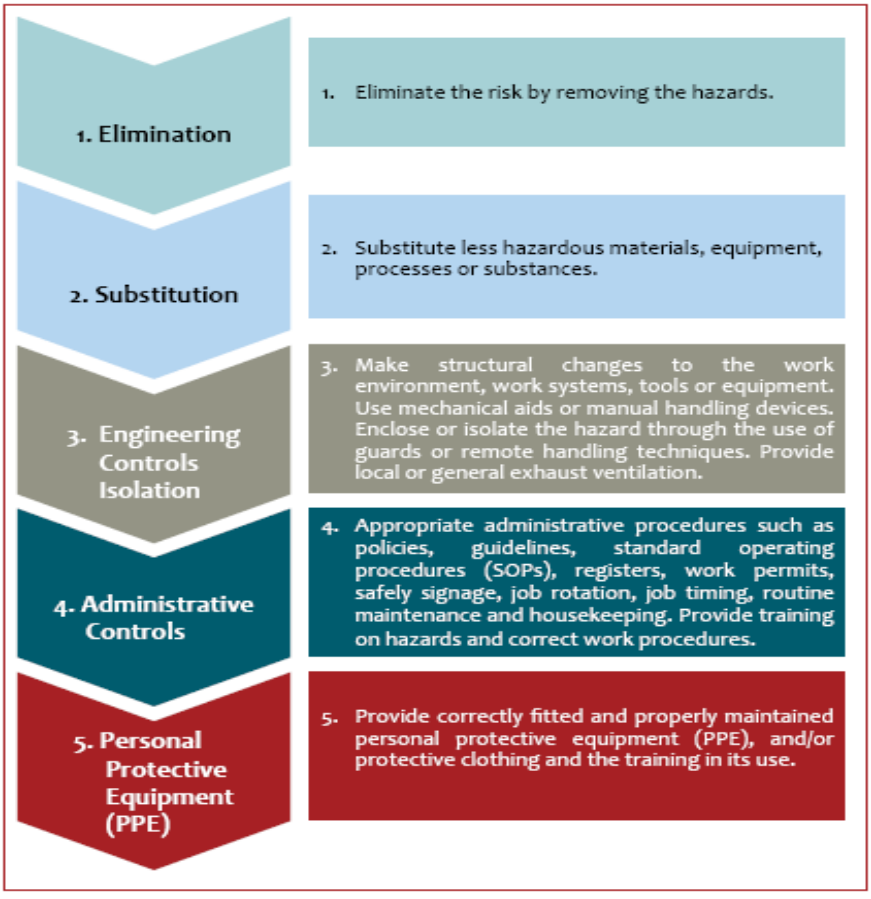
15 to 25	Extreme Risk	Activity or industry should not proceed in current form
8 to 12	High Risk	Activity or industry should be modified to include remedial planning and action and be subject to detailed OSH Assessment
4 to 6	Moderate Risk	Activity or industry can operate subject to management and / or modification
1 to 3	Minor Risk	These are near misses, root causes for these need to found to prevent escalation of risk

5.3.4 STEP 4 RECORD FINDINGS AND IMPLEMENTATION OF CONTROL MEASURES

The General Manager together with QHSE Management Representative and HSE Officer, in consultation with other Department Heads, staffs, employees, contractors and stake holders, shall identify those hazards that are present in FALCON MIDDLE EAST offices, buildings, factory sites, facilities, events and activities; and shall assess the risk of each identified hazards in accordance with the hierarchy of control.

Health & Safety Hierarchy of Control Measure is as follows:

1. Elimination
2. Substitution
3. Engineering Controls / Isolation
4. Administrative Controls
5. Personal Protective Equipment (PPE)



OSH Hierarchy of Control

The General Manager and Management or HSE Officer shall make the final decisions on the controls to be implemented and undertake one or more of the following actions:

- Issue a notice to concerned Department Head and/or staff informing them to eliminate and control the identified 'HIGH' and 'EXTREME' risks by applying an established control from an existing risk assessment.
- Issue a notice to partially control the risk (including isolation) and refer to a more senior officer.
- Request advice from advisers/consultants;
- Refer to HSE Representative for further assessment and decision.

OSH Risk Register is maintained to record the results of the risk assessments. The aim of the risk register is that it should be a point of reference to indicate that the risk have been assessed and the criteria used in the assessment.

5.3.5 STEP 5 MONITORING AND REVIEW

Risk assessments shall be reviewed and assessed, by the HSE Officer along with the QHSE Management Representative, once a year or when circumstances dictate like when new materials and equipment are introduced or following significant changes in work practices and premises, and when monitoring shows that the control measures are not working properly.
Risk assessments shall be communicated to the employees through electronic mail, HSE Committee meetings. Employees must receive appropriate training to enable them to take control of specific risk as they arise.

The FALCON MIDDLE EAST shall review the risk assessment documentation and related records when there are changes to:

- The process or the work environment changes including the job, task or activity performed is changed (e.g. new tools, new methods);
- Changes to the layout of facility or work area;
- Relocation to new facilities;
- In the event of an incident / accident, including illness;
- On the advice of a duly appointed inspector / enforcement officer or appointed third party;
- Request from an FALCON MIDDLE EAST member of staff or contractor;
- On advice from an authoritative and competent source – supplier, consultant etc.;
- Or any other reasonable justification or event.

6.0 REFERENCE DOCUMENTS

- FALCON-PRO-17-FRM 01 OSH Risk Register

Procedure for Inspection

Project -D114841

Construction Works for the Extension of BAHPRY3 by 4th33/11 kV, 20 MVA Transformers and 11kV Load transfer from BAHPRY3

FALCON MIDDLE EAST CONTRACTING AND GENERAL MAINTENANCE –

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1. Purpose

This Procedure defines the requirements for planning, conducting, recording and closing out routine workplace inspections, equipment inspections and management safety walks. It has been developed with reference to the Abu Dhabi Occupational Safety and Health System Framework (ADOSH-SF) Technical Guideline – Audit and Inspection (Version 4.0, July 2024), Element 8 – Audit and Inspection, and forms part of the Company's Occupational Safety and Health Management System (OSHMS).

The intent of this Procedure is to ensure that hazards and unsafe conditions or practices are identified before they result in injury, illness, property damage or environmental harm, and that any findings raised are tracked through to verified closure.

2. Scope

This Procedure applies to all Company sites, projects, offices, workshops, plant and equipment, and to all employees, subcontractors and third parties working under the Company's control. It covers three categories of inspection:

- Routine Workplace Inspections;
- Equipment Inspections; and
- Management Safety Walks.

3. Definitions

- **Inspection –** physical on-site verification that work is performed, and equipment is maintained, in accordance with existing OSH standards and procedures.
- **Non-conformance –** a non-fulfilment of a requirement; any deviation from work standards, practices, procedures or regulations that could directly or indirectly lead to injury, illness, property damage, or damage to the workplace environment.
- **Corrective Action –** steps taken to remove the cause of an identified non-conformance and prevent its recurrence.
- **Root Cause –** the fundamental, underlying reason for a non-conformance which, if eliminated, would prevent it from recurring.
- **Root Cause Analysis (RCA) –** a structured method of investigating a non-conformance to identify its immediate, underlying and root causes, so that effective corrective and preventive action can be taken.
- **Management Safety Walk –** a structured, visible walk-through of the workplace undertaken by a member of management to observe conditions, engage directly with the workforce, and reinforce safety leadership.
- **Closure –** the point at which a corrective action has been implemented, verified as effective, and the associated finding formally signed off by an authorised person.

4. Roles and Responsibilities

- **HSE Manager / HSE Officer –** owns the inspection program; develops and maintains checklists; schedules inspections; consolidates and analyses findings; leads the root cause analysis for Critical findings and supports RCA for Major findings; reports performance and trends to management.
- **Project / Site Manager –** ensures inspections are resourced and scheduled; ensures corrective actions are implemented within agreed timeframes; participates in management safety walks.

- **Supervisors / Foremen –** conduct routine workplace inspections within their area of control; close out minor findings immediately where practicable; escalate significant findings without delay; carry out or participate in the root cause analysis for findings in their area.
- **Competent Person / Inspector –** undertakes equipment inspections (e.g. lifting equipment, PPE, electrical tools, scaffolding) and completes the relevant statutory or manufacturer checklists.
- **Senior / Top Management –** undertake periodic management safety walks; demonstrate visible safety leadership; review inspection program performance as part of management review.
- **All Employees –** report hazards, unsafe conditions and unsafe acts identified during the course of normal work, supporting the wider inspection program.

5. Inspection Program

The Company's inspection program is risk-based. As a minimum, the program shall ensure that all work areas and activities are inspected at a frequency proportional to the level of risk; that inspections are planned, scheduled and communicated to relevant stakeholders; that findings are recorded, tracked and closed out in a documented manner; and that random, unannounced inspections are used to supplement the planned program.

5.1 Routine Workplace Inspections

Purpose: to verify that work is being carried out safely, that work areas are maintained in a safe condition, and that the controls identified in risk assessments and method statements remain effective.

Frequency: weekly, as a minimum, for all active work areas; daily pre-start checks are required for higher-risk activities such as excavation, work at height, confined space entry and lifting operations.

Responsible: Site Supervisor / Foreman, with periodic verification by the HSE Officer.

Checklist used: Routine Workplace Inspection Checklist (Form INS-01), covering housekeeping, access and egress, PPE compliance, signage and barricading, fire and emergency provisions, electrical safety, and permit-to-work compliance.

Process: complete the checklist on site → record observations, supported by photographic evidence where relevant → rate each finding (Critical / Major / Minor) → raise a Non-Conformance / Observation Report for any deviation → communicate findings to the area supervisor → log the finding in the Inspection & Corrective Action Tracking Register.

5.2 Equipment Inspections

Purpose: to verify that plant, machinery, lifting equipment, tools and PPE are maintained and fit for use in accordance with manufacturer requirements, statutory requirements and the OSHMS.

Frequency: as defined by statutory requirement or manufacturer recommendation, or a minimum of monthly for equipment in continuous use; pre-use checks shall be conducted each shift by the equipment operator or user.

Responsible: Competent Person / Plant Operator / Equipment Custodian, with records verified by HSE.

Checklist used: equipment-specific checklists, e.g. Lifting Equipment Inspection Checklist, Scaffold Inspection Tag, Portable Electrical Appliance Test (PAT) Record, and PPE Inspection Checklist.

Process: complete the pre-use / periodic checklist → apply an inspection tag to the equipment (including a "Do Not Use" tag for any defective item) → verify that third-party certification remains current for

statutory items such as lifting gear and pressure equipment → remove defective equipment from service immediately and log it for corrective action.

5.3 Management Safety Walks

Purpose: to provide visible safety leadership, engage directly with the workforce, verify the effectiveness of the OSHMS at the point of work, and identify systemic issues that may not surface through routine inspections.

Frequency: monthly by Project / Site Management, as a minimum; Senior / Top Management shall undertake safety walks at least quarterly.

Responsible: Project Manager, Site Manager, or Senior / Top Management, accompanied by an HSE representative.

Checklist used: Management Safety Walk Checklist (Form INS-03), which combines physical observation with structured engagement with the workforce.

Process: walk conducted jointly with the HSE representative → observations and worker feedback recorded → positive practices and areas for improvement noted → findings shared with site management → significant findings raised as formal non-conformances → a summary reported to senior management and captured in management review.

5.4 Random / Unannounced Inspections

Random inspections shall be undertaken to complement and verify the planned program. Their frequency and focus shall be determined by outputs of the OSHMS, such as incident trends, previous audit or inspection findings, and activities identified as higher risk.

5.5 Summary of Inspection Types

Table 1 below summarises the frequency, responsibility, checklist and closure-tracking arrangements for each inspection type.

Inspection Type	Frequency	Responsible Role	Checklist Used	Tracked to Closure Via
Routine Workplace Inspection	Weekly (minimum); daily pre-start for high-risk activities	Site Supervisor / Foreman; verified by HSE Officer	Form INS-01 – Routine Workplace Inspection Checklist	Non-Conformance / Observation Report (Form INS-02) logged in the Tracking Register
Equipment Inspection	Statutory / manufacturer interval, or monthly minimum; daily pre-use checks	Competent Person / Plant Operator / Equipment Custodian	Equipment-specific checklists (lifting gear, scaffold tag, PAT, PPE checklist)	Inspection tag status and Tracking Register; defective items removed from service
Management Safety Walk	Monthly (Project / Site Management);	Project / Site Manager or Senior Management, with HSE representative	Form INS-03 – Management Safety Walk Checklist	Non-Conformance / Observation Report; summarised at management review

Inspection Type	Frequency	Responsible Role	Checklist Used	Tracked to Closure Via
	quarterly (Senior Management)			
Random / Unannounced Inspection	As determined by risk / OSHMS outputs	HSE Officer or nominated inspector	Relevant checklist for the area or activity inspected	Non-Conformance / Observation Report logged in the Tracking Register

6. Inspection Checklists and Documentation

- Checklists shall be developed and maintained for each inspection type (routine, equipment and management walk) and reviewed at least annually, or following a significant incident or change in scope.
- Checklists shall, where practicable, use open, evidence-based questions rather than simple Yes/No responses, so that the auditee is required to demonstrate compliance rather than merely confirm it.
- Records to be maintained include: the completed inspection checklist, photographic evidence, the Non-Conformance / Observation Report, the Inspection & Corrective Action Tracking Register, and closure verification records.
- All inspection records shall be retained in accordance with the Company's Document and Record Control requirements and shall be made available for internal audit and third-party compliance audit purposes.

7. Non-Conformance, Corrective Action and Tracking to Closure

7.1 Raising and Recording Findings

Any finding identified during a routine workplace inspection, equipment inspection or management safety walk shall be recorded on a Non-Conformance / Observation Report (Form INS-02) and logged in the central Inspection & Corrective Action Tracking Register (Form INS-04).

Each finding shall be assigned a unique reference number, a risk rating, a responsible person and a target closure date, in accordance with the following minimum timeframes:

- **Critical –** immediate action / stop work; closure required within 24 hours, or before the affected work resumes.
- **Major –** closure required within 7 calendar days.
- **Minor –** closure required within 30 calendar days.

7.2 Investigation and Root Cause Analysis (RCA)

Root Cause Analysis (RCA) is the structured process used to identify the underlying reason(s) why a non-conformance occurred. Its purpose is to ensure that corrective actions remove the cause of the problem and prevent its recurrence, rather than only correcting the visible symptom identified during the inspection.

7.2.1 When RCA is Required

- **Critical findings –** a formal RCA is mandatory and shall be carried out by an investigation team (see 7.2.2), using the Fishbone (Ishikawa) diagram together with the 5 Whys technique as a minimum.
- **Major findings –** an RCA is mandatory and shall be carried out by the responsible person, using the 5 Whys technique as a minimum.
- **Minor findings –** an RCA is not mandatory; the finding shall be corrected immediately or within the timeframe in 7.1. However, where the same Minor finding recurs three (3) or more times in the same area or activity within a three-month period (identified through the trend analysis in 7.4), it shall be upgraded to Major and an RCA carried out.
- **Findings linked to an incident or near miss –** shall, in addition, be investigated in accordance with the Company's incident investigation arrangements.

7.2.2 RCA Team

- **Critical findings –** led by the HSE Manager, with the Project / Site Manager, the Supervisor / Foreman of the area, the Competent Person (for equipment-related findings) and at least one worker involved in the task.
- **Major findings –** led by the responsible person (normally the Site Supervisor / Foreman or Equipment Custodian), supported by the HSE Officer.

RCA shall be fact-finding and not fault-finding. Its aim is to identify weaknesses in the management system, not to assign blame to individuals.

7.2.3 Levels of Cause

Each RCA shall distinguish between the following three levels of cause, and shall not stop at the immediate cause:

- **Immediate (direct) cause –** the unsafe act or unsafe condition directly observed during the inspection (e.g. missing edge protection, an expired inspection tag, a worker not wearing a harness).
- **Underlying (contributing) cause –** the job or personal factors that allowed the immediate cause to exist (e.g. inadequate supervision, lack of training, time pressure, unclear instructions, poor maintenance).
- **Root cause –** the fundamental failure in the management system which, if corrected, would prevent the same or a similar finding from recurring (e.g. no procedure, an inadequate risk assessment or method statement, no system for competence verification, inadequate planning or resourcing).

7.2.4 RCA Methods

The RCA method shall be selected according to the severity and complexity of the finding. Table 2 summarises the approved methods and when each shall be used.

Table 2 – Approved Root Cause Analysis Methods

Method	How it is Applied	When to Use
5 Whys	Starting from the problem statement, ask "Why did this happen?" and record the answer. Repeat "Why?" against each answer (typically five times) until a cause is reached that is a management system failure and within the Company's control. Each answer shall be supported by evidence. Where more than one answer exists at any level, each branch shall be followed separately.	Minimum method for all Major findings; simple problems with a single cause path. Also used to drill down on causes identified in a Fishbone diagram.
Fishbone (Ishikawa) Diagram	The problem is written at the "head" of the diagram, and possible causes are brainstormed by the RCA team under six categories (6M): People (Manpower) – competence, training, fatigue, behaviour; Method – procedures, RA/MS, permit-to-work; Machine – plant, equipment, tools; Material – materials, substances, PPE; Environment (Mother Nature) – site conditions, weather, heat, lighting; Management – supervision, planning, resources, communication. The most likely causes are then verified and analysed further using the 5 Whys.	Minimum method (with 5 Whys) for all Critical findings; Major findings with several contributing factors.
Fault Tree / Causal Tree Analysis	A top-down logic diagram starting from the undesired event and working backwards through the combinations of failures (using AND / OR logic) that could have led to it, until basic causes are identified.	Critical findings involving equipment or technical system failure (e.g. lifting equipment, electrical systems, pressure equipment).
Barrier (Bow-Tie) Analysis	The controls (barriers) that should have prevented the hazard are listed from the risk assessment, method statement and permit-to-work. Each barrier is then assessed as missing, failed, bypassed or inadequate, and the reason for each barrier failure is analysed.	Findings where existing controls in the RA / MS / PTW were in place but did not work.
Change Analysis	The situation in which the finding occurred is compared with the normal or previously safe condition, to identify what changed (people, equipment, method, materials, location, shift, schedule or subcontractor) and whether the change was assessed and managed.	Tasks previously performed safely; findings following a change of scope, crew, subcontractor, equipment or working hours.

7.2.5 RCA Process

The RCA shall follow the steps below:

- **Step 1 – Make safe and contain –** take immediate action to control the hazard (stop work for Critical findings, remove defective equipment from service, barricade the area) before the analysis begins.
- **Step 2 – Gather facts and evidence –** site observation and photographs; interviews with the workers, supervisor and any witnesses; review of the relevant risk assessment, method

statement, permit-to-work, training and competence records, equipment inspection / maintenance records and third-party certificates.

- **Step 3 – Define the problem –** write a clear problem statement stating what was found, where, when, and which requirement (standard, procedure or regulation) was not met.
- **Step 4 – Analyse the causes –** apply the RCA method(s) selected in accordance with Table 2, identifying the immediate, underlying and root causes.
- **Step 5 – Validate the root cause –** confirm the root cause using the following tests: (a) is it supported by evidence; (b) if it is removed, would the finding have been prevented; (c) would correcting it also prevent similar findings elsewhere; and (d) is it within the Company's control to correct. "Human error", "worker carelessness" or "worker did not follow procedure" shall not be accepted as a root cause; the analysis shall continue by asking why the system allowed the error to occur.
- **Step 6 – Determine corrective and preventive actions –** each root cause shall be addressed by at least one action. Actions shall be selected in accordance with the hierarchy of controls (elimination, substitution, engineering controls, administrative controls, PPE) and shall be specific, measurable and assigned to a named person with a target date. Where a corrective action changes an existing control, the relevant risk assessment or method statement shall be reviewed, and updated if necessary, prior to implementation.
- **Step 7 – Record and communicate –** record the RCA in the root cause section of the Non-Conformance / Observation Report (Form INS-02), attaching the 5 Whys / Fishbone worksheet and supporting evidence. The root cause category (see 7.2.6) and all resulting actions shall be logged in the Tracking Register (Form INS-04). Lessons learned shall be shared with the workforce through toolbox talks and the HSE Committee.

Timeframe: the RCA shall be completed within three (3) working days for Critical findings and within the seven (7) calendar day closure period for Major findings. The immediate correction shall still be completed within the timeframes in 7.1; longer-term preventive actions arising from the RCA shall be tracked separately in the Tracking Register against their own target dates.

7.2.6 Root Cause Categories

To support trend analysis (7.4), each root cause shall be assigned to one of the following categories in the Tracking Register:

- Procedures / RA / MS inadequate or not available;
- Training, competence or awareness inadequate;
- Supervision inadequate;
- Planning, resources or time allocation inadequate;
- Equipment design, selection, inspection or maintenance inadequate;
- Communication or coordination inadequate (including with subcontractors);
- Hazard not identified in the risk assessment;
- Management of change not applied; and
- Existing procedure not followed (the reason why shall also be recorded).

7.2.7 Worked Example – 5 Whys

Finding (Major): a mobile scaffold tower was in use without a valid scaffold inspection tag.

Table 3 – Example 5 Whys Analysis

Question	Answer (verified by evidence)
Why 1	Why was the scaffold in use without a valid tag? – The inspection tag had expired three days earlier and was not renewed.
Why 2	Why was the tag not renewed? – The weekly scaffold inspection was not carried out.
Why 3	Why was the weekly inspection not carried out? – The only competent scaffold inspector on site had been transferred to another project.
Why 4	Why was no other inspector available? – No replacement or back-up competent person was nominated when he was transferred.
Why 5	Why was no replacement nominated? – There is no requirement in the personnel mobilisation / demobilisation process to reassign statutory inspection duties when personnel change.
Root Cause	Management of change not applied – no system to reassign statutory inspection responsibilities on change of personnel.
Actions	Correction: scaffold removed from service and tagged "Do Not Use" until inspected by a competent person. Corrective: back-up competent scaffold inspector nominated and appointed in writing. Preventive: reassignment of inspection duties added to the personnel demobilisation checklist; scaffold tag expiry added to the weekly Routine Workplace Inspection Checklist (Form INS-01).

7.3 Verification and Closure

Completed corrective actions shall be verified by the HSE Manager / Officer, or a delegate, through re-inspection, document review or interview, as appropriate to the nature of the finding. For Critical and Major findings, the verification shall confirm that the actions address the validated root cause(s), and a follow-up check shall be carried out at the next scheduled inspection of the area (and no later than 30 days after closure) to confirm that the finding has not recurred. A finding shall only be closed once it has been verified as effective; closure shall be recorded in the Tracking Register together with the name of the verifier and the date of closure.

Findings that are not closed within the agreed timeframe shall be escalated to the Project / Site Manager and reported at the next HSE Committee meeting or management review.

7.4 Trend Analysis

The HSE Manager / Officer shall periodically analyse inspection and non-conformance data to identify trends, repeat findings and areas of poor compliance. Findings shall also be analysed by root cause category (7.2.6) to identify systemic weaknesses in the OSHMS. The results of this analysis shall be used to adjust the frequency and focus of future inspections, and to trigger RCA for recurring Minor findings in accordance with 7.2.1.

8. Monitoring and Review

The inspection program shall be monitored to confirm that it is being implemented as planned and remains effective. Performance indicators to be monitored include, as a minimum:

- the percentage of planned inspections completed against schedule;
- the number and severity of findings raised;

- the percentage of findings closed within the target timeframe;
- the percentage of Critical and Major findings with a completed root cause analysis within the required timeframe; and
- repeat findings across inspection cycles.

This Procedure, and the inspection program it supports, shall be reviewed at least annually, or following a significant incident, a change in applicable regulation, or a material change to the Company's operations, and the outcome shall feed into the Company's Management Review process.

9. References

- ADOSH-SF – Element 8: Audit and Inspection
- ADOSH-SF Technical Guideline – Audit and Inspection, Version 4.0, July 2024
- Company OSHMS Manual
- Company Non-Conformance and Corrective Action Procedure

10. Associated Forms

- Form INS-01 – Routine Workplace Inspection Checklist
- Form INS-02 – Non-Conformance / Observation Report
- Form INS-03 – Management Safety Walk Checklist
- Form INS-04 – Inspection & Corrective Action Tracking Register