

プロジェクト研究
「ODA 建設工事安全管理ガイドライン
の策定等」
安全施工マネジメント・ツール事例集
(3分冊その3)

平成 25 年 7 月
(2013 年)

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＜成果品の構成について＞

プロジェクト研究「ODA 建設工事安全管理ガイドラインの策定等」の成果品は、次に示す3分冊で構成されている。

本書は「安全施工マネジメント・ツール事例集」である。本書以外の「報告書本文」「ODA 建設工事安全管理ガイドライン（素案）」の内容については、それぞれの報告書を参照されたい。

【3分冊その1】

報告書本文

- 序文 ～ガイドライン（素案）策定の背景～
- 第1章 現地調査結果の概要
- 第2章 先進国等の建設工事における安全管理の現状
- 第3章 類似ガイドライン等の調査
- 第4章 安全管理ガイドラインの骨子
- 第5章 安全管理ガイドラインの運用方法の検討

【3分冊その2】

ODA 建設工事安全管理ガイドライン（素案）

- 第1章 総則
- 第2章 安全管理の基本方針
- 第3章 「安全対策プラン」の内容
- 第4章 「安全施工プラン」の内容
- 第5章 安全施工技術指針（作業別）
- 第6章 安全施工技術指針（災害タイプ別）

【3分冊その3】・・・本書

安全施工マネジメント・ツール事例集

- 1. リスクアセスメントシート
- 2. 作業指示書
- 3. 打合せ記録簿
- 4. 週報・月報
- 5. パトロールチェックシート
- 6. 労働安全衛生マネジメントシステム
- 7. 地域との連携等

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(3分冊その3)

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はじめに

本事例集は、平成 23 年度のプロジェクト研究「ODA 事業の建設工事の安全管理に関する調査研究」により作成された教育・研修教材の続編としての位置付けで作成したものである。

ODA 建設工事の事業関係者、特に建設工事の受注者（コントラクター）やエンジニア（建設コンサルタント）に公開し、安全管理の監督、点検、是正等マネジメントの改善に資することを目的として、主に建設工事現場の責任者や安全対策担当者、あるいは受注者やエンジニアの本社向けの参考資料とする。

すべての事業関係者が、ODA 建設工事の安全管理活動の活性化及び安全文化の構築に、本事例集を有効に活用されることを期待する。

2013 年 7 月

1. リスクアセスメントシート

1.1 事例 1-1

(1) 概要

まず各工種で考えられるハザードを列挙し、さらに各ステークホルダー（発注者、コンストラクター、公衆、来客、年少者で）への影響度を考慮しながら総合的な重要性を数値化したものに発生頻度を乗じてリスクを数値化している。リスク対策後についても再計算する。基準の数値よりリスクの数値が大きい工種については、工事着手が出来ない規程になっている。

(2) 具体的事例

事例 1-1 の具体的事例を次ページに掲載する。

1.2 事例 1-2

(1) 概要

リスクアセスメントに関するエンジニアのコメントへの回答であり、コントラクターがエンジニアに提出する労働安全衛生関係書類の中の 1 ページである。現地の実態にあった労働安全衛生を考慮することとのエンジニアの意見に、その主旨で安全計画書をレビューしたとの回答をしている。

エンジニア、コントラクター双方のアクターがリスクアセスメントの重要性を認識して業務を遂行している事例と言える。

(2) 具体的事例

事例 1-2 の具体的事例を次ページ以降に掲載する。

リスクアセスメントシート	事例 1-2 ①
---------------------	-----------------

RFA Number [] Transmittal Ref:

		Date :
		Rev.:
		RFA Type:
REQUEST FOR APPROVAL (RFA)		
To : The Engineer		From : The Contractor
Reference in Contract :	RFA Title :	
Work Package :	Company :	
S/C RFA No :	Representative :	
Submitted by :		
EHS <input type="checkbox"/>	MEP <input type="checkbox"/>	QA/QC <input type="checkbox"/>
Engineering <input type="checkbox"/>		
Note: The attached Health and Safety Plan has been updated as per the comments received on Revision C of the same.		
RFA has been produced by :		Expected Work Start on :
RFA has been reviewed by :		
RFA has been approved by PM :		Signed :
We enclose (1) set for your comments/approval		

Received Date & Sign
----------------------	-------

ENGINEER'S APPROVAL / COMMENT (EAC)		
Engineer's Representative Name :	Signed :	Date :
Engineer's Assistant Name :	Signed :	Date :
Approval Status :		
A Approved, no exception taken. No re-submittal required. Proceed with manufacture fabrication and/or construction.		
B Approved with Comment, incorporate comments, resubmit within 7 days. Proceed with manufacture, fabrication and/or construction.		
C Rejected, incorporate comments and re-submit. Do not proceed with manufacture, fabrication and/or construction.		
ITEM	COMMENTS	STATUS
1		
2		
3		
4		
5		
6		
7		
8		

リスクアセスメントシート

事例 1-2 ②

PROJECT NAME

PROJECT HEALTH & SAFETY PLAN

JV REPLY TO COMMENTS ON REV C

Please note the following in response to the comments received on revision C of MAR-0038. We have revised the previously submitted documents as noted below and have enclosed the revised extracts for your review and approval.

ITEM	COMMENTS	JV RESPONSE
1	Person in-charge of Emergencies on Site	Project Emergency Contact List updated and attached in Section 19 of PEHSP
2	Dust Prevention should be added under this section.(Appendix 1 – EMP Section 8)	Please see additional to Section 8 (8.1 & 8.2)
3	User of phrase “if practicable” shall be deleted under this section. (Appendix 1 – EMP Section 12)	Has been deleted.
4	Any description that can be expressed more concretely shall take way. Eg. Wheel washing roller or spray nozzle (Appendix 1 – EMP Section 12)	Wheel washing facilities (Wash Through) included with washing jet spray has been specified. We have thoroughly reviewed and updated the document and addressed the specific example.
5	Water pollution mitigation-Surface Run-off - Additional	Section 12.2 Environmental Control Details has been added as requested and reiterated on control measures in surface run off.
6	The word remain ‘marine’, Marine shall be deleted.	The word ‘marine’ has been removed from the Risk assessment as shown in Appendix 1 Project Environmental Management Plan.
7	Section 13-Risk Assessment Requested to re-examine the RA based on construction content and local condition	These have been reviewed and updated, please see Appendix 1 Environmental Management plan section13.
8	You are requested to submit revised “Work Method Statement for Environmental Monitoring Works together with revised Project Environmental Management Plan.	Attached Revised “Work Method Statement for Environmental Monitoring Works” and revised Project Environmental Plan Rev D.

リスクアセスメントシート

事例 1-2 ③

PROJECT NAME

PROJECT HEALTH & SAFETY PLAN

ITEM	COMMENTS	JV RESPONSE
9	The Environmental Manager has still not been confirmed as of today. When can this key person be on board	The resume of Environmental Manager has been approved by XXX on 02 nd . July 2012. Refer to XXX No:

ISSUE AND REVISION COPNTROL

Rev.	Amendment	Submittal date	Approval Date	Approval Status
A	First Draft for 9 comment	22 Mar 12	9 Apr 12	C
B	Revised with changes incorporating comments from XXX and amendments to JV operational health and safety procedures.	7 Apr 12	4 May 12	C
C	Revised with changes incorporating comments from XXX and amendment to JV to JV operational health and Safety procedures.	12 June 12	25 June 12	C
D	Revised with changes incorporating comments from XXX and amendments to JV operational health and safety procedures.	4 July 12	TBA	TBA

1.3 事例 1-3

(1) 概要

この事例では、リスクアセスメントについては各工種（掘削及び埋戻、高所作業、重機作業、電気作業）でまずハザードを特定してハザードの影響度の度合いを考慮してリスクのランク付けをする。それらに対して、PPE、工法の工夫等の考えられる対策を記述する様式となっている。（事例 1-3-1）

また、この案件独自の取り組みとしてヒヤリハットの報告についても事故報告と並列した様式として提出している。（事例 1-3-2）

ヒヤリハットの例は事故の例より発生頻度は大きいと思われるので、リスクアセスメントの検討対象が広がる効果が期待でき、参考になる事例として紹介した。

(2) 具体的事例

事例 1-3-1 及び 1-3-2 の具体的事例を次ページ以降に掲載する。

リスクアセスメントシート	事例 1-3-1 ①
---------------------	-------------------

<p style="text-align: center;">Project name Health and Safety Plan</p> <p style="text-align: center;">Appendix 7: Sample of Risk Assessment and Management</p> <p style="text-align: center;">Risk Assessment and Management</p> <p>Project: _____ Country: _____</p> <p>Contractors Name: _____ Contract No.: _____</p> <p>Task: Excavation and Backfill</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Identify Hazard (Potential to do harm)</th> <th style="width: 25%;">Hazard effect (if the Hazard is released)</th> <th style="width: 10%;">Risk Ranking</th> <th style="width: 20%;">Control Measures (PPE, Procedures, etc.)</th> <th style="width: 20%;">Recovery Measures</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures																																																			<p>Approved: Name: _____ Signature: _____ Title: _____</p> <p>Prepared: Name: _____ Signature: _____ Title: _____</p>
Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures																																																				

リスクアセスメントシート

事例 1-3-1 ②

Project name
Health and Safety Plan

Risk Assessment and Management

Project: _____ Country: _____

Contractors Name: _____ Contract No.: _____

Task: Working at Height

Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures

Approved: Name: _____ Signature: _____ Title: _____

Prepared: Name: _____ Signature: _____ Title: _____

リスクアセスメントシート	事例 1-3-1 ③
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Appendix 7: Sample of Risk Assessment and Management

Project: _____

Contractors Name: _____

Country: _____

Contract No.: _____

Risk Assessment and Management

Task: Heavy Lifting Operations

Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures

Project name
Health and Safety Plan

リスクアセスメントシート

事例 1-3-1 ④

Project name
Health and Safety Plan

Risk Assessment and Management

Project: _____ Country: _____
Contractors Name: _____ Contract No.: _____

Task: Electricity

Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures

Approved: Name: _____ Signature: _____ Title: _____

Prepared: Name: _____ Signature: _____ Title: _____

リスクアセスメントシート	事例 1-3-2 ①
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Project Name: Health and Safety Plan FR: IAR-1/3																												
Appendix 4: Accident / Near Miss Report																												
INCIDENT / ACCIDENT REPORT																												
To: _____ File No.: _____																												
Details (To be completed by site engineer in charge within 24 hours)																												
Project: _____ Country _____ Contractors Name: _____ Contract No.: _____ Location of Incident: _____ Date: _____ Time: _____ Weather Condition: FINE[] RAIN[] COLD[] HOT[] Visibility: _____ Temperature _____																												
Name of Injured: _____ Nationality: _____ Dale of Birth: Day _____ Month _____ Year _____ ID NO.: _____ Sex: Male[] Female[] Occupation: _____ Activity at time of Accident: _____																												
Severity of Injury: Fatal[] Referred to Hospital[] Sent Home[] Return to Work[]																												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Parts of Body Injured</th> <th style="width: 50%; text-align: center;">Types of Injury</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; padding: 2px;">Head []</td> <td style="border: 1px solid black; padding: 2px;">Crush []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Eyes []</td> <td style="border: 1px solid black; padding: 2px;">Fracture []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Ears []</td> <td style="border: 1px solid black; padding: 2px;">Dislocation []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Face []</td> <td style="border: 1px solid black; padding: 2px;">Sever []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Neck []</td> <td style="border: 1px solid black; padding: 2px;">Laceration []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Shoulder []</td> <td style="border: 1px solid black; padding: 2px;">Puncture Wound []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Arm []</td> <td style="border: 1px solid black; padding: 2px;">Abrasion []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Elbow []</td> <td style="border: 1px solid black; padding: 2px;">Bruise []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Wrist []</td> <td style="border: 1px solid black; padding: 2px;">Sprain / Strain []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Hand []</td> <td style="border: 1px solid black; padding: 2px;">Electric Shock []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Finger []</td> <td style="border: 1px solid black; padding: 2px;">Burn []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Chest []</td> <td style="border: 1px solid black; padding: 2px;">Multiple []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Other: _____</td> <td style="border: 1px solid black; padding: 2px;">Other: _____</td> </tr> </tbody> </table>	Parts of Body Injured	Types of Injury	Head []	Crush []	Eyes []	Fracture []	Ears []	Dislocation []	Face []	Sever []	Neck []	Laceration []	Shoulder []	Puncture Wound []	Arm []	Abrasion []	Elbow []	Bruise []	Wrist []	Sprain / Strain []	Hand []	Electric Shock []	Finger []	Burn []	Chest []	Multiple []	Other: _____	Other: _____
Parts of Body Injured	Types of Injury																											
Head []	Crush []																											
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Elbow []	Bruise []																											
Wrist []	Sprain / Strain []																											
Hand []	Electric Shock []																											
Finger []	Burn []																											
Chest []	Multiple []																											
Other: _____	Other: _____																											
Witness Name: _____ Company: _____ ID No: _____ Name: _____ Company: _____ ID No: _____ Name: _____ Company: _____ ID No: _____																												

リスクアセスメントシート	事例 1-3-2 ②
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Project Name:

Health and Safety Plan

FR: IAR-2/3

Appendix 4: Accident / Near Miss Report

How did Accident Occur	
Description: _____ _____ _____ _____ _____ _____ _____	Sketch(Continued on separate sheet if necessary)

How could this accident have been avoided State: _____ _____ _____

(mark x one)																	
A – Requirements / Guidelines not prepared		Does Incident relate to the one of the following:															
B - Requirements / Guidelines not appropriate		If Yes, mark appropriately															
C - Requirements / Guidelines not complied																	
A	B	C	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td>Emergency Isolation</td></tr> <tr><td></td><td>Ground Disturbance</td></tr> <tr><td></td><td>Confined Space Entry</td></tr> <tr><td></td><td>Working at Height</td></tr> <tr><td></td><td>Lifting Operations</td></tr> <tr><td></td><td>Vehicle Safety</td></tr> <tr><td></td><td>Management of Change</td></tr> </table>		Emergency Isolation		Ground Disturbance		Confined Space Entry		Working at Height		Lifting Operations		Vehicle Safety		Management of Change
	Emergency Isolation																
	Ground Disturbance																
	Confined Space Entry																
	Working at Height																
	Lifting Operations																
	Vehicle Safety																
	Management of Change																
			Descriptions Leadership and Accountability Risk Assessment and Management People, Training and Behaviours Working with Contractors and Others Facilities Design and Construction Operation and Maintenance Management of Charge Information and Documentation Customers and Products Community and Stakeholder Awareness Crisis and Emergency Management Incident Analysis and Prevention Assessment, Assurance and Improvement														
			Does Incident relate to Dropped Objects? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;"></td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes		No											
Yes																	
No																	

Action to prevent reoccurrence

No.	Action	Responsible Person	Priority	Due Time
1				
2				
3				
4				
5				
6				

リスクアセスメントシート

事例 1-3-2 ③

Project Name:

Health and Safety Plan

FR: IAR-3/3

Appendix 4: Accident / Near Miss Report

What Action is being taken to Prevent Reoccurrence?

State _____

_____ Action: Yes[] No[] Date: _____

Other Comments: _____

Name: _____ Signature: _____ Title: _____

Follow-up Review (To be completed by the Engineer's Safety Department)

Do all actions taken meet the Engineer's satisfaction? Yes[] No[]

If No, please state further actions required: _____

Close out: Yes[] No[] Date: _____

Name _____ Signature: _____ Title: _____

The Engineer's Review and Comments

Report to the Employer: Yes[] No[] Lost Work Days: _____ Light Duty Days: _____

Name: _____ Signature: _____ Title: _____

Distribution: The Employer, The Engineer, Construction Manager, Safety Manager_____

1.4 事例 1-4

(1) 概要

この事例は、まず各作業で予想される多くの事故形態（ハザード、危険要素に相当する）を想定して、重篤度に発生頻度を乗じてリスクを数値化して優先度を決定する。そしてそのリスクの軽減策を列挙して、対策後のリスクを再計算している。対策後の数値もゼロでなく、残存リスクがあることが解る。事例 1-1 の方式に類似していると言える。この事例は、共通工事にかかるものであり、他にも道路工事、橋梁下部工事等多くの工種が用意されており、工事現場の特性に応じて取捨選択できる。受注した企業の東京本社の海外部局が OHSAS18001 を取得して、店社レベルで海外の工事現場の安全管理に重点を置いている一つの表れと考えられる。

(2) 具体的事例

事例 1-4 の具体的事例を次ページ以降に掲載する。

リスクアセスメントシート

事例 1-4 ①

作業名	危険源となりうる使用機械・工具・材料	危険源	共通作業	危険有害要因の特定 (予想される災害)	重篤度 a	可能性 b	優先度	緊急事態	リスクの低減措置 (危険性・有害性の防止対策)	対策優先順位	個人用保護具(保護帽、保護手袋、安全靴は必須)	誰が	重篤度 a	可能性 b	優先度	残存リスク
1	脚立・はしご作業・昇降階段	脚立・はしご・工具	共通作業	・脚立・はしごから墜落する	6	8	5		・重篤物、長尺物の取扱いで無理な作業をしない ・身を乗り出して作業をしない ・反動のある力の入る作業をしない ・路面のないものは使用しない ・1.8m以上は使用を避ける(脚立) ・床降差部、斜面上で使用しない ・床開口部養生の上では使用しない ・床スリープ等には注意する ・脚立を締き足して使用しない(階段部等) ・閉止めを確実にセットする ・身体が安定が得られない物を持つて昇降しない ・飛び降りない ・床のスリープ等には注意する ・閉止めを確実にセットする ・3点支持で組立てる ・足場板両端を結束する	A	安全帯	作業員	6	2	12	3
2	可搬式足場作業	可搬式作業台(立ち馬等)、工具		・作業台上から墜落する	6	8	5		・重篤物、長尺物の取扱いで無理な作業をしない(構方向の安定強い) ・反動のある力の入る作業をしない(構方向の安定強い) ・身を乗り出して作業をしない ・1台に2人乗っての作業は避ける ・作業台から作業台へ乗り移りしない ・床降差部で使用する際は脚立の調整をする ・床開口部養生の上では使用しない ・床のスリープ等には注意する ・閉止めを確実にセットする ・脚立を締き足して使用しない(階段部等) ・身体が安定が得られない物を持つて昇降しない ・飛び降りない	A	安全帯	作業員	6	2	12	3
3	枠組み足場上の作業	枠組み足場、足場板、昇降階段、垂直ネット、工具		・足場から墜落	10	4	40		・手すり又はネット等による落下防止設備を確認する ・設備が出来ない場合、安全帯を使用する(元方と協議する) ・作業前、足場板を点検する ・積載荷重は足場板の制限荷重以下にする ・足場板の面固定を確認する(布枠のつめを確実にロックする)	A	安全帯	職長	6	2	12	3

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事例 1-4 ⑤

作業内容	発生する危険	発生頻度	被害の大きさ	発生可能性	対策	対策の有効性	リスクレベル	作業主任者	実施者	実施時期		
10 基礎コンクリート打設	コンクリートポンプ車・コンクリートミキサー車・ハイレータ・コンクリート	油圧シヨベル(バックホウ)と接触	10	4	40	5	A	作業主任者	作業主任者	10 1 10 3		
											クレーン機能付きの油圧シヨベル(バックホウ)を使用する	EN
											作業(旋回)範囲内は、立入禁止措置をする	A
											バックホウ走行を禁止する	A
											誘導者の誘導に従う	A
											小旋回型以外は扱まれセンサーを設置する	EN
											指定された走行経路を走行する	A
											誘導者の誘導に従う	A
											合図方法を作業開始前に確認し見やすい場所で合図する(見込み運転の禁止)	A
											開口部に墜落防止柵を設置し固定する	EN
共7 ダンプトラック	共7 ダンプトラック	ダンプトラックと接触	6	2	12	3	A	作業主任者	作業主任者	10 1 10 3		
											昇降設備を設置し固定する	EN
											トラックから見える位置で誘導する	A
											誘導者を配置する	A
											路肩を標示する	A
											交通バリエーションを充実させて、運搬ルートを知覚させる	A
											荷台に乗ったまま移動しない	A
											台付け等を確認する	A
											誘導者を配置する	A
											直前、直後の運転禁止	A
共5 移動式クレーン	移動式クレーン・トラック丸のこ・ポータ・木材	移動式クレーンと接触	6	2	12	3	A	作業主任者	玉掛作業責任者	10 2 20 4		
											土砂崩壊による生き埋め	A
											土砂崩壊による生き埋め	A
											土砂崩壊による生き埋め	A
											土砂崩壊による生き埋め	A
											土砂崩壊による生き埋め	A
											土砂崩壊による生き埋め	A
											土砂崩壊による生き埋め	A
											土砂崩壊による生き埋め	A
											土砂崩壊による生き埋め	A
基礎コンクリート打設	基礎コンクリート打設	基礎コンクリート打設	10	4	40	5	A	誘導者	誘導者	10 1 10 3		
											トラックと誘導者の接触	A
											トラックと誘導者の接触	A
											トラックと誘導者の接触	A
											トラックと誘導者の接触	A
											トラックと誘導者の接触	A
											トラックと誘導者の接触	A
											トラックと誘導者の接触	A
											トラックと誘導者の接触	A
											トラックと誘導者の接触	A
型枠加工・解体	移動式クレーン・トラック丸のこ・ポータ・木材	移動式クレーンと接触	6	2	12	3	A	作業主任者	玉掛作業責任者	10 2 20 4		
											玉掛用具の未整備	A
											玉掛用具の未整備	A
											玉掛用具の未整備	A
											玉掛用具の未整備	A
											玉掛用具の未整備	A
											玉掛用具の未整備	A
											玉掛用具の未整備	A
											玉掛用具の未整備	A
											玉掛用具の未整備	A

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リスクアセスメントシート

事例 1-4 ⑥

EL	発生可能性	被害の重大性	EL	発生可能性	被害の重大性	EL	発生可能性	被害の重大性	EL	発生可能性	被害の重大性	
EN	6	2	12	3	玉掛方法の不適切	<ul style="list-style-type: none"> ・不備、不良品は廃棄処分にする ・作業開始前に、つり荷に合った玉掛方法を決定し、適切な玉掛用具を選定する(長さ、形状、重量等) 	EN	10	1	10	3	玉掛作業責任者
A	6	2	12	3	作業区域に立入る	<ul style="list-style-type: none"> ・作業開始前に、作業半径外の安全な場所に退避する ・退避を確認して作業を始める ・関係への届、マイクの注意 ・真上にフックを誘導する 	A	10	1	10	3	玉掛者
A	10	4	40	5	つり荷が垂れて激突する	<ul style="list-style-type: none"> ・地切り後一旦停止しつり荷の安定を確認する ・不安定な場所はやり直す ・介置ロープを使用する 	A	10	1	10	3	玉掛者
EN	10	4	40	5	つり荷の落下	<ul style="list-style-type: none"> ・つり荷は堅固に固定し、つり荷にあった玉掛用具を使用する(はかま、ワイヤモック等) ・重量にあった吊格のものを使用する 	EN	10	1	10	3	玉掛者
A	6	2	12	3	作業中、作業場所に玉掛関係者以外が立入る	<ul style="list-style-type: none"> ・作業場所は立入禁止措置をする 	A	10	1	10	3	玉掛作業責任者
EN	6	4	24	4	クレーンの転倒	<ul style="list-style-type: none"> ・作業に適した吊格のクレーンを使用する(能力の90%で計画する) ・地盤を確認し、アウトリガーは完全張り出しする ・空車時の定格重量を守る(積載型) ・作業中はモーメントリミッターを切らない ・ハットライトの青を常に確認し、黄色になつたら中止する ・ジブの長さ、角度を確認し、つり荷重を決定する ・つり荷重の確認を適切に行う(積載型) ・定格重量等、性能に合った操作を守る(積載型) ・作業(旋回)範囲内は、立入禁止措置をする ・バック走行を禁止する ・誘導者の誘導に従う ・小旋回型以外は拱まれセンサーを設置する 	EN	6	1	6	2	措置義務者 オペレーター
A	10	4	40	5	クレーンと接触	<ul style="list-style-type: none"> ・資材及び機材搬入時、荷台から資材等が落ちて作業者に当たる ・トラックと誘導者の接触 ・トラックの転落 	A	10	1	10	3	作業主任者 オペレーター
A	6	2	12	3	資材及び機材搬入時、荷台から資材等が落ちて作業者に当たる	<ul style="list-style-type: none"> ・台付け等を確認する 	A	10	1	10	3	職長
A	10	4	40	5	トラックと誘導者の接触	<ul style="list-style-type: none"> ・トラックから見える位置で誘導する ・誘導者を配置する ・誘導者を配置する ・交通灯を充実させて、運搬ルートを知りやすくする 	A	10	1	10	3	誘導者 職長 職長
A	6	4	24	4	荷台に乗ったまま移動し転倒	<ul style="list-style-type: none"> ・荷台に乗ったまま移動しない 	A	10	1	10	3	作業主任者
A	6	2	12	3	資材及び機材搬入時、荷台から資材等が落ちて作業者に当たる	<ul style="list-style-type: none"> ・台付け等を確認する 	A	10	1	10	3	職長
A	6	2	12	3	トラックと接触	<ul style="list-style-type: none"> ・誘導者を配置する 	A	10	1	10	3	作業主任者

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リスクアセスメントシート

事例 1-4 ⑦

作業内容	発生する危険	発生頻度	被害の重大性	発生可能性	対策	対策の有効性	リスクレベル	作業員	備考
12 コンクリート打設	コンクリートポンプ車・コンクリートミキサー車・バイブレーター・コンクリート	このこで切り傷	10	1	10	3	A	保護メガネ・保護マスク・安全帯	作業員
		作業服、手袋がのこりに巻き込まれ	6	2	12	3	A		作業員
		トラックと誘導者の接触	10	4	40	5	A	安全帯、反射式チョッキ(交通誘導者)	誘導者
		トラックの転落	6	2	12	3	A		職長
		荷台に乗ったまま移動し転落	6	4	24	4	A		作業員
		資材及び機材搬入時、二台から資材等が落ちて作業員に当たる	6	2	12	3	A		職長
		トラックとの接触	6	2	12	3	A		作業員
		型枠支保工の倒壊	10	8	80	5	A	保護マスク、保護メガネ、防振手袋	職長
		型枠支保工の組立て状態を点検する					A		作業員
		荷重の分散をする					A		職長
13 仮設施設の設置・撤去	移動式クレーン・トラック、資材	コンクリートポンプ車の転倒	6	2	12	3	EN		オペレーター
		使用機材に挟まれ	10	2	20	4	P		作業員
		玉掛用具の未整備	6	2	12	3	A	安全帯	玉掛作業員
		玉掛方法の不適切	6	2	12	3	EN		玉掛作業員
		作業区域に立入る	6	2	12	3	A		玉掛者
		つり荷が振れて激突する	10	4	40	5	A		玉掛者
		不安な場所ではり直す					EN		
		介錯ロープを使用する					EN		
		つり荷は壁面に固定し、つり荷に合った玉掛用具を使用する(ほかま、ワイヤモック等)	10	4	40	5	EN		玉掛者
		重量にあった規格のものを使用する					EN		
作業中、作業場所に玉掛関係者以外が立入る	6	2	12	3	A		玉掛作業員		
クレーンの転倒	6	4	24	4	EN		措置義務者		
地盤を確認し、アフトリガーは完全張出しする					EN		オペレーター		
空車時の定格荷重を守る(積載型)					A				

2. 作業指示書

2.1 事例 2-1

(1) 概要

この事例は、会社内部の中断指示書であり、必要な措置が講じられてプロジェクト部局の承認が得られるまでの間、工事を中断せよとの通告となっている（事例 2-1-1）。

それと関連してこれは（何らかのハザードが会社の内部検査で発見されて未だ措置がされていない場合の通知書であり、迅速な対策をある期限まで講じることの最終通告の内容となっている（事例 2-1-2）。

(2) 具体的事例

事例 2-1-1 及び 2-1-2 の具体的事例を次ページ以降に掲載する。

作業指示書

事例 2-1-1

Pause Notice

Safety Department

No.

_____ Section:

Safety production is a basic principle of enterprise management, by inspection, your section has a severe hazard which is not able to comply with the relevant regulations. This notice is to inform you to suspend your operation on _____, until approval by project department after correction.

C.C

Date:

作業指示書

事例 2-1-2

Notice of Potential Risk Correction

Project Department

Safety Serial No.

Unit: ' _____

Responsibility

Last inspection found there was a potential hazard, and notified you of correction in the name of project department with safety serial No,_, but still stay unchanged until now. For safety, health and smooth production, this is a final notice of taking prompt action to rectify the present status by the date of _.

C.c.

Date:

2. 作業指示書

2.2 事例 2-2

(1) 概要

この事例は、建設工事の機械化施工で用いられるクレーンについてのチェックリスト（事例 2-2-1）とクレーンの欠陥通知様式（事例 2-2-2）からなっている。前者は 12 のチェック項目がありクレーンのオペレーターが実施する。一つでも不具合だと後者が通知され当該クレーンの使用が出来ない規程になっている。後者については、クレーンのオペレーターが記載した欠陥に関して、揚重担当の職長が何らかの改善対応をとり、それについて具体的に記述（いつ、誰が、何をしたか）しなければならない。

(2) 具体的事例

事例 2-2-1 及び 2-2-2 の具体的事例を次ページ以降に掲載する。

作業指示書	事例 2-2-1
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Form S2

Report No:

CRANE INSPECTION CHECKLIST

At the beginning of each shift or working when the crane is in use, the crane operator should carry out the following routine checks:

1. Access to the cranes cabin is free from grease or other slippery substance, which may cause a person to slip.
2. Boom is not twisted, swayed or dropped.
3. Apparent defects on the slewing table and chassis.
4. Hook block is not cracked, opened up or deformed.
5. Safety catch on the hook is not cracked, opened up or deformed.
6. Swivel ball is able to rotate freely. (If any)
7. Hoisting wire ropes are free from kink, corrosion or fraying.
8. Winch drums and winches are free from visible defects.
9. House keeping in the cabin is good.
10. All safety devices including warning horn, hoisting limit switch, trolley limit switch, slewing limit switches and overloading alarm are in good working order.
11. Clutch and brakes are in good working order.
12. Counter-weight blocks are properly sited.

All items must be properly checked and entered into record by the crane operator.

✓ -Good X -Defective (Problem) C - Corrected

No one shall operate the crane if any one of the above is not in order

Inform the lifting supervisor in-charge immediately.

Item	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
initial								

Name of Operator: _____ Date: From _____ To: _____

I.D. No: _____

作業指示書

事例 2-2-2

Form S3

Report No:

CRANE FAULT NOTIFICATION FORM

Name and Signature of Operator: _____

Crane to be operated: Mobile/Crawler/Tower LM No: _____

Location of Crane: _____

Date of Inspection: _____

Date of Notification: _____

Name of Lifting Supervisor: _____

The operator of the above mentioned crane wished to inform you (the Lifting Supervisor) that the crane has the following faults/defects after my routine check:

Please arrange to make it good.

REMEMBER ACTION TAKEN BY LIFTING SUPERVISOR

(State below Whom, What & When remedial action to be done)

ACTION COMPLETED

(State Date & Time)

Name and Signature of Lifting Supervisor: _____

_____ / _____ Date / Time: _____

2.3 事例 2-3

(1) 概要

この事例は、工事現場では新規入場者の事故が多いという統計結果に鑑み、労働許可を与える様式（事例 2-3-1）であり、危険作業の種類（閉所、高熱、掘削、高圧電線下、公益施設の近傍等の作業）、詳細な作業内容、リスク軽減対策等を記載して、作業の許可、それに対する本人同意、許可の取り消し等に関する記載欄があり、それぞれについて署名する様式となっている。

これに類似する事例として仮設工事後の載荷許可様式（事例 2-3-2）であり、工事事故の発生件数が多い仮設工事に関するチェックとしては重要な意味を持つ。型枠、足場、切張、掘削等に関してチェック項目があり、仮設工事の安全性を複数の検査官で確認するシステムとなっている。

(2) 具体的事例

事例 2-3-1 及び 2-3-2 の具体的事例を次ページ以降に掲載する。

作業指示書	事例 2-3-1
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Project Name:										
OCCUPATIONAL, HEALTH, SAFETY and REHABILITATION PLAN										
PACKAGE C										
PERMIT TO WORK – PF48										
WEIP/PKG...../...../48 REF*	SITE	PERMIT NO.	DATE	PERMIT VALIDITY ()DAYS: Max 7 days						
PERMIT REQUIRED FOR: <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"><input type="checkbox"/> CONFINED SPACE</td> <td style="width: 20%;"><input type="checkbox"/> HOTWORK</td> <td style="width: 20%;"><input type="checkbox"/> TO DIG</td> <td style="width: 20%;"><input type="checkbox"/> CLOSE PROXIMITY TO OVERHEAD POWER LINES</td> <td style="width: 20%;"><input type="checkbox"/> CLOSE TO UTILITIES</td> <td style="width: 20%; text-align: right;">PART 1 <input type="checkbox"/> OTHER(pls-state)</td> </tr> </table>					<input type="checkbox"/> CONFINED SPACE	<input type="checkbox"/> HOTWORK	<input type="checkbox"/> TO DIG	<input type="checkbox"/> CLOSE PROXIMITY TO OVERHEAD POWER LINES	<input type="checkbox"/> CLOSE TO UTILITIES	PART 1 <input type="checkbox"/> OTHER(pls-state)
<input type="checkbox"/> CONFINED SPACE	<input type="checkbox"/> HOTWORK	<input type="checkbox"/> TO DIG	<input type="checkbox"/> CLOSE PROXIMITY TO OVERHEAD POWER LINES	<input type="checkbox"/> CLOSE TO UTILITIES	PART 1 <input type="checkbox"/> OTHER(pls-state)					
DETAILS OF WORK TO BE CARRIED OUT:										
RISK CONTROL MEASURES TO BE APPLIED: (REFER TO RISK ASSESSMENT IF NECESSARY)										
SPECIFIC ATMOSPHERE MONITORING: <input type="checkbox"/> O2(19% min) <input type="checkbox"/> CH4(air-5% LEL/0.25 volume) <input type="checkbox"/> CO(50 ppm) <input type="checkbox"/> H2S(10 ppm) <input type="checkbox"/> NO2(3 ppm) <input type="checkbox"/> OTHER										
AUTHORIZATION: I certify that the location specified and detailed above has been inspected and all the precautions detailed have been taken. Subject to the said precautions being taken, the work detailed can proceed.										
Signed: <input style="width: 100px;" type="text"/> Date: <input style="width: 100px;" type="text"/> Time: <input style="width: 100px;" type="text"/> Print Name: <input style="width: 100px;" type="text"/>										
RECEIPT: I certify that I have read and understood this permit and I shall ensure that the precautions detailed in PART ONE are taken:										
Signed: <input style="width: 100px;" type="text"/> Date: <input style="width: 100px;" type="text"/> Time: <input style="width: 100px;" type="text"/> Print Name: <input style="width: 100px;" type="text"/>										
CLEARANCE: The work detailed in PART ONE has been/not been completed and all the equipment and personnel have been withdrawn from the area.										
Signed: <input style="width: 100px;" type="text"/> Date: <input style="width: 100px;" type="text"/> Time: <input style="width: 100px;" type="text"/> Print Name: <input style="width: 100px;" type="text"/>										
CANCELLATION: This permit is hereby cancelled.										
Signed: <input style="width: 100px;" type="text"/> Date: <input style="width: 100px;" type="text"/> Time: <input style="width: 100px;" type="text"/> Print Name: <input style="width: 100px;" type="text"/>										

作業指示書	事例 2-3-2
--------------	-----------------

Project Name

PROCEDURE NO.16-SAFETY MANAGEMENT

PERMIT TO LOAD/CONTINUE – PF 83

WORKS SECTION/LOCATION: WEIP/PKG...../..... REF:	DATE:
--	-------

1. TEMPORARY WORKS ITEM (PLEASE TICK)

FORMWORK
 FALSEWORK
 STRUTTING
 EXCAVATION

OTHER (PLEASE STATE)

.....

2. INSPECTION DETAILS

A JOINT INSPECTION IS REQUESTED FOR THE ABOVE TEMPORARY WORKS TO ALLOW THE FOLLOWING ACTIVITY OF:

 TO PROCEED

DATE OF INSPECTION: REQUESTED BY:

.....

3. CONFIRMATION

I,....., CONFIRM THAT THE ABOVE TEMPORARY WORKS HAVE BEEN INSPECTED AND THAT THE FOLLOWING ACTIVITY MAY/MAY NOT PROCEED. (PLEASE REFER TO DETAILS BELOW.)

SIGNED

POSITION DATE:

.....

4. COMMENTS/DETAILS

.....

2. 作業指示書

2.4 事例 2-4

(1) 概要

図解による解説（土取り、法面掘削、石積、吹つけ、擁壁、舗装、格子コンクリート、カルバート等）というユニークな事例である。この工事は、厳しい地質、気象条件の下で実施される道路工事であり、現場近傍は地滑りの危険もあり、工事の安全確保のための取り組みの一環である。

特に工夫がされているのが、雨期と乾期で土手道（コースウェイ）の施工箇所を変えており（事例 2-4-1）、建設機械を多く使い危険な作業が予想されるコンクリート吹きつけ工に関しては、現地労働者にも解りやすい工夫がされている。（事例 2-4-2） また、道路工事の中でももらい事故の可能性が高い現道での掘削、盛り立てについては重機の配列を平面図と縦断面図で解説して、工事施工法や交通安全対策について現地労働者に解りやすい工夫がされている。（事例 2-4-3）

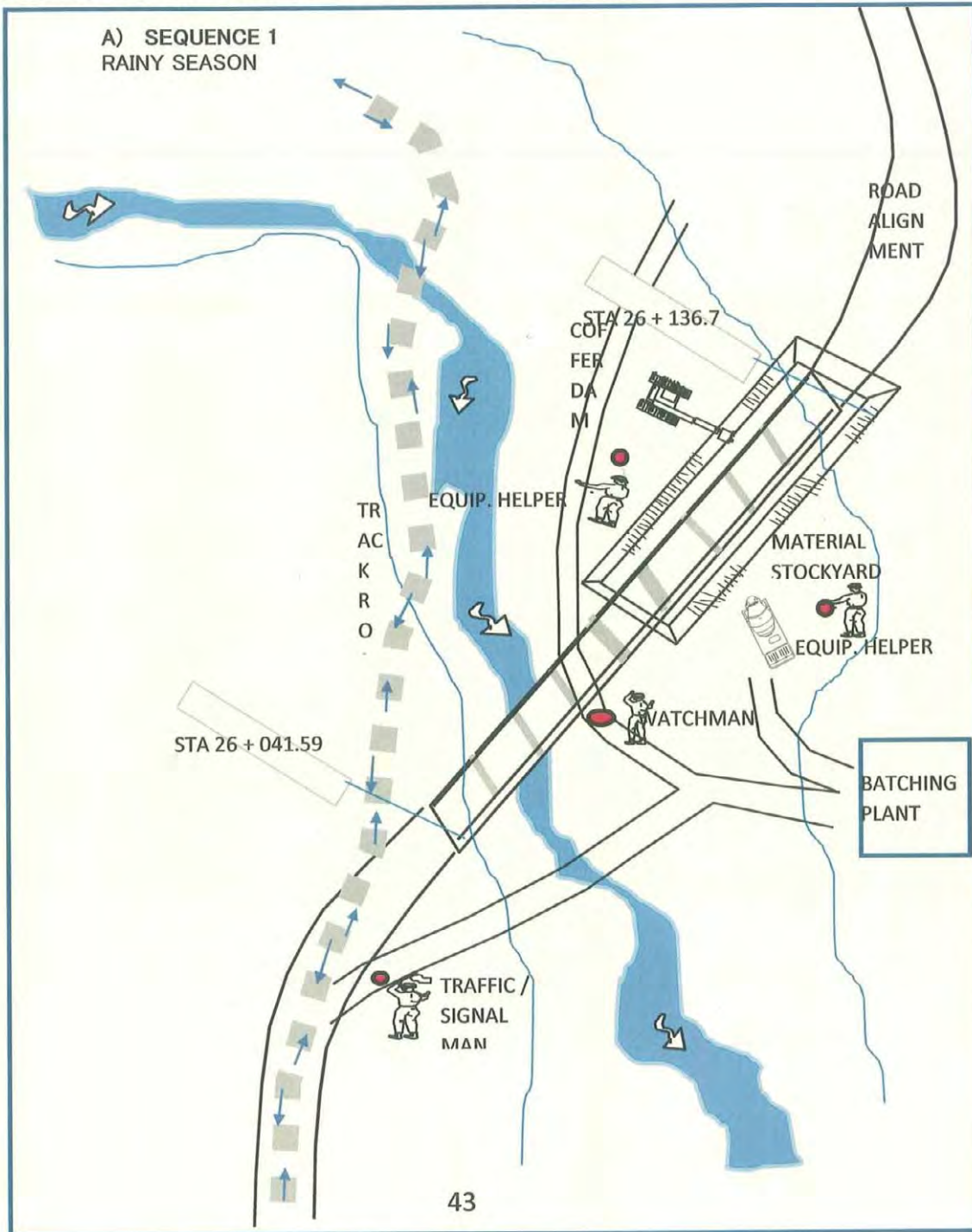
(2) 具体的事例

事例 2-4-1, 2-4-2 及び 2-4-3 の具体的事例を次ページ以降に掲載する。

作業指示書

事例 2-4-1 ①

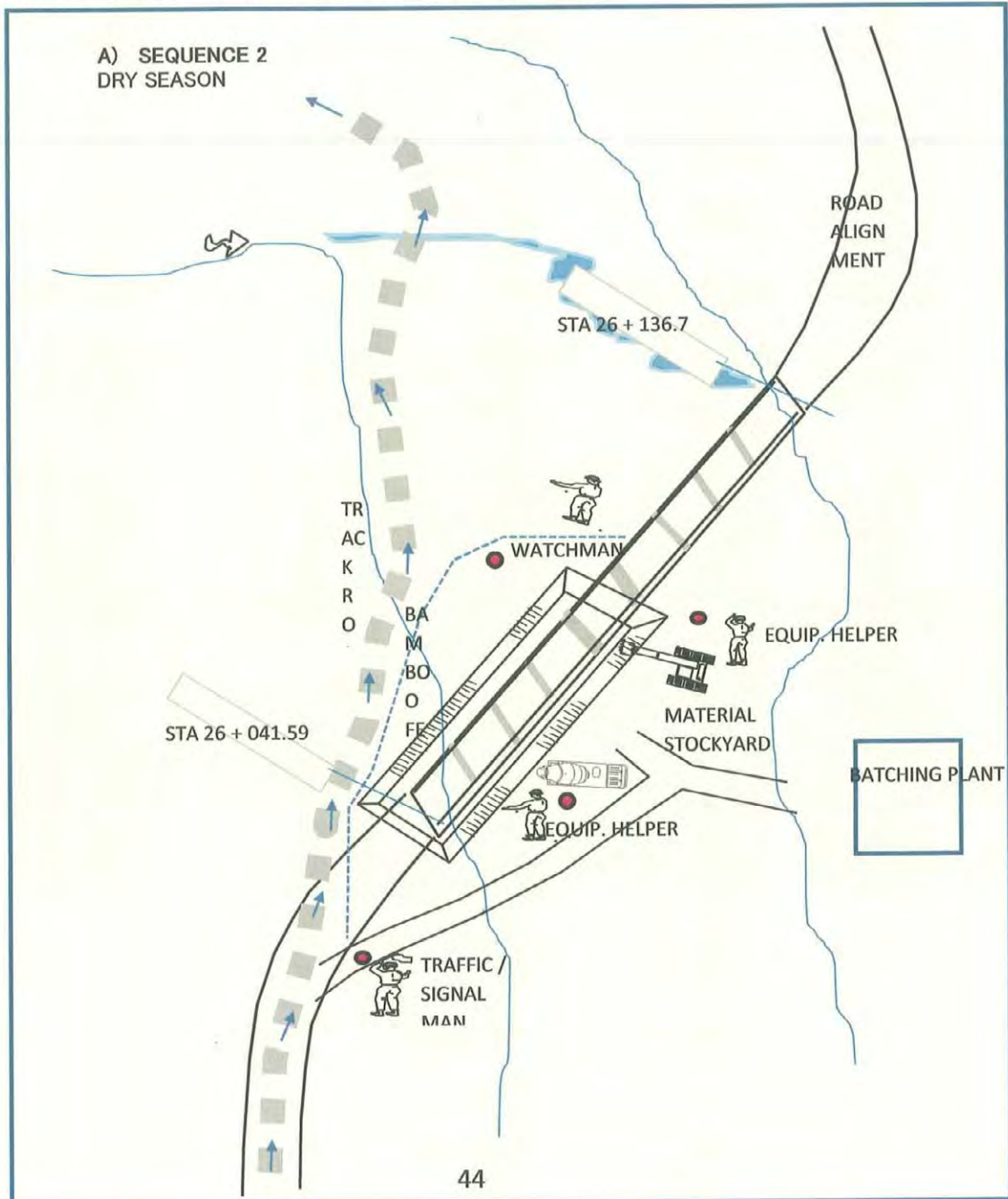
PROJECT FOR THE CONSTRUCTION OF *****
TRAFFIC CONTROL AND SAFETY PLAN FOR CAUSEWAY



作業指示書

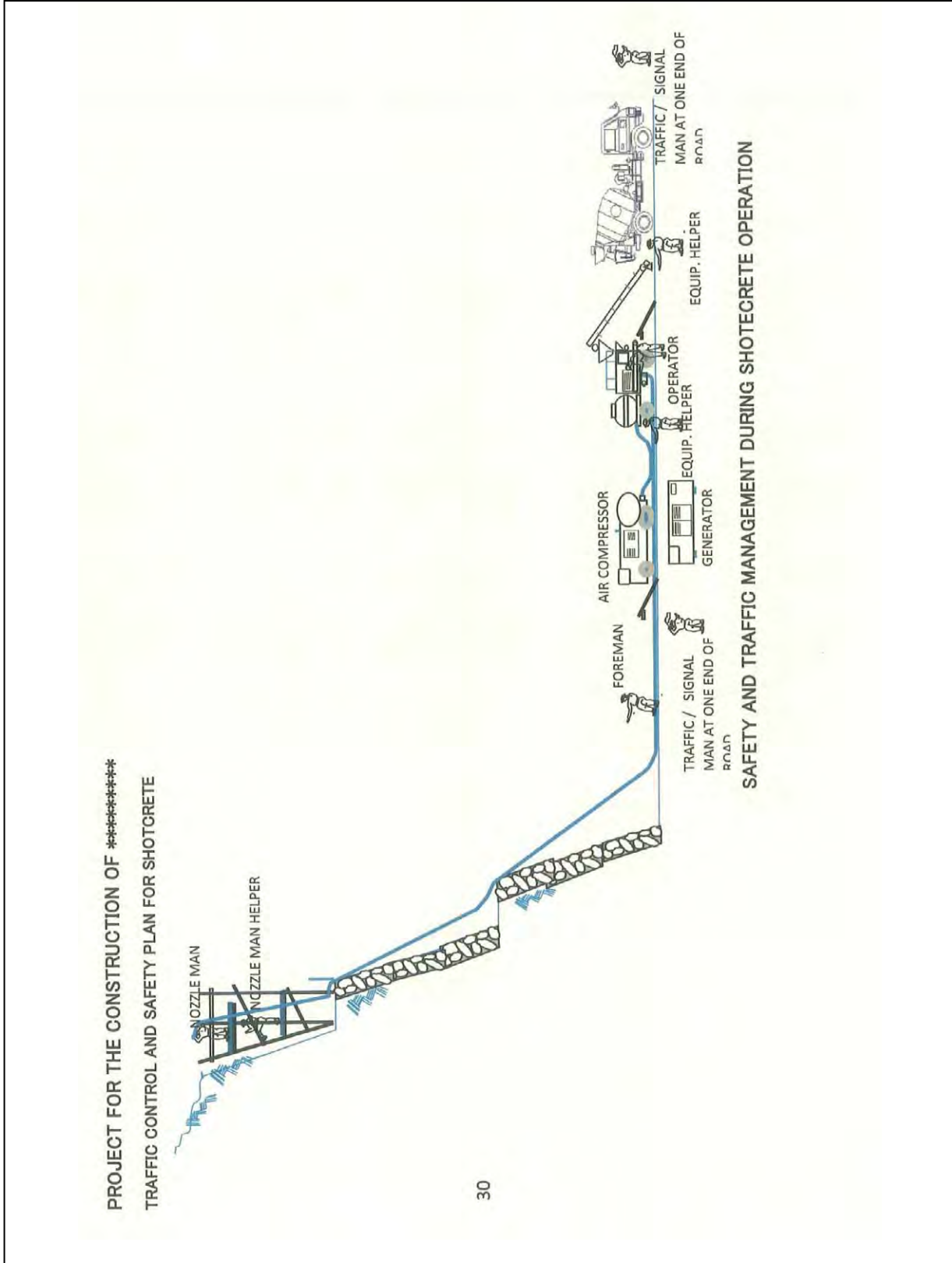
事例 2-4-1 ②

PROJECT FOR THE CONSTRUCTION OF *****
TRAFFIC CONTROL AND SAFETY PLAN FOR CAUSEWAY



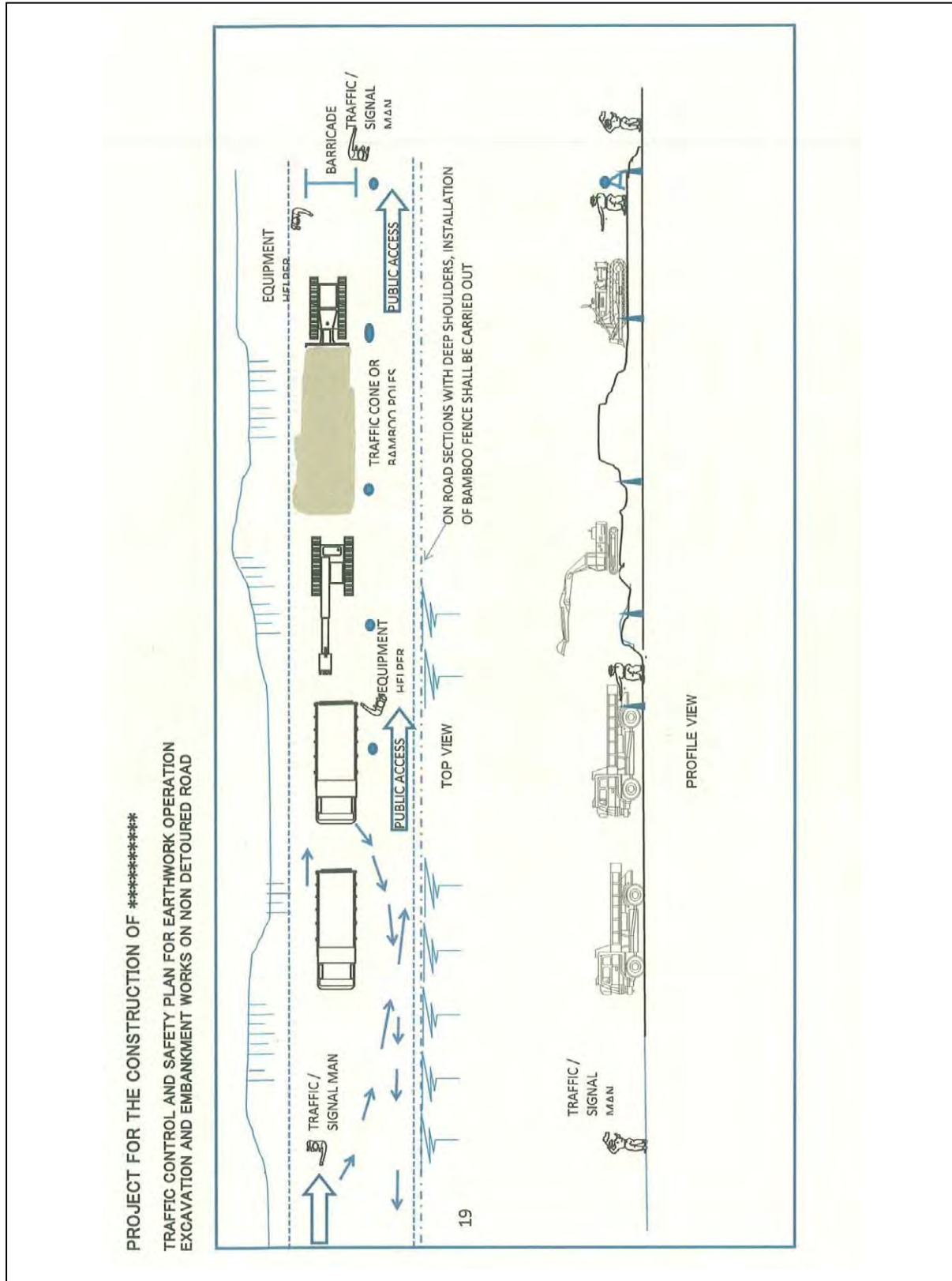
作業指示書

事例 2-4-2



作業指示書

事例 2-4-3



2.5 事例 2-5

(1) 概要

新規入場者が工事事故にあう可能性が高いことは前述したが、それに対して質問票を記入させる方式である（事例 2-5-1）。ID 番号、会社名、資格の種類、緊急時の連絡先等を記入させて、新規入場者の安全研修の受講と PPE の着用、安全工事への協力を宣誓させ、彼ら自身の安全意識を向上させようという事例である。

また、事例 2-5-2 は、危険物の通知様式であり取扱責任者、危険物の名称、使用目的、使用場所、保管場所、使用期間、換気等の記載項目がある。取扱責任者自身の署名により、前者と同じく本人自身の安全意識の向上を図れる。

(2) 具体的事例

事例 2-5-1 及 2-5-2 の具体的事例を次ページ以降に掲載する。

作業指示書	事例 2-5-1
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										DATE of new Entry			No.		
										Year	month	day			
① This questionnaire is used as basic material of where to make contact confirmation when the emergency such as the injuries is generated and main contractor's management for safety and sanitations. ② Main contractor's person in keeping properly manages and keeps ut.															
Project ID										Explanatory Notes					
First subcontractor company's name										Affiliated company's name					
Company name															
First Name					Given Name					Occupation	Years of experience	Date of birth		Age	
Alphabet					Alphabet						years	/ /			
address										TEL		. .			
The person in question fills it in without fail	Contact in emergency case	address													
		TEL						Name			Relationship				
Your qualification and license	Qualification and license name										Acquired year		Qualification and license number		
Make an oath	I attended the new entry education of this project according to the attached instruction material, I swear to work safety by observing the rule of the this project (Especially, I wear the helmet, the safety shoes, and the reflection vest without fail.), and cooperating each other.														
	date	year			month		day		Signature						
	(opinion)										Project Manager	Deputy Project Manager			Person in Charge

作業指示書

事例 2-5-2

No.6

Sign

(Day) (Month) (Year)

Notification of pit dangerous material and harmful matter to use

Project office name _____

Project manager name _____

Company name
(Subcontractor) _____

Person in charge _____ Sign

description

Material	Name of Material	Specification	Quantity	Description	
Purpose and using location					
Stock location					
Period of service	(Day)	(Month)	(Year)	to	(Day) (Month) (Year)
Person in charge					
Control dangerous materials the person in charge					
Ventilation a way and classify					
Remarks					

(Note)

1 This dangerous material is diesel oil, lamp oil, propane gas, acetylene gas.

2 This harmful matter is organic solvent, specified chemical substance (using coating and waterproof).

2. 作業指示書

2.6 事例 2-6

(1) 概要

安全パトロールのチェック様式は多いが、安全指示に関する事例は少ない。

これは、数少ない事例であり、安全に関する問題点の記述と略図、改善のための指示、改善の期限、遅延した場合は遅延日数とその理由等があり、大変厳しい内容になっている。これは、大変貴重な事例と言える。

(2) 具体的事例

事例 2-6 の具体的事例を次ページに掲載する。

作業指示書

事例 2-6

Appendix 9 SAFETY INSTRUCTION REPORT		FR: SIR-01	
		Project Name	
		Date	
Date			
Year			
Month			
Year			
Place		Reported by	
Subcontractor's Name		Work kind	
Ditto in charged Person's Name		In charged Person's Name	
Safety Problem with Easy Drawing		Instruction for Improvement	
Time Limit for Improvement Date		Confirmation when Instructed	
Actual Improved Date		Project Manager	Safety Officer
Delay from Limited Date		Safety Assistant	In charged Engineer
Reason of Delay		Subcontractor in charged Person	
Penalty of Delay		Confirmation when Completed	
Reason of Delay		Project Manager	Safety Officer
Reason of Delay		Safety Assistant	In charged Engineer
Reason of Delay		Subcontractor in charged Person	

2. 作業指示書

3. 打合せ記録簿

3.1 事例 3-1

(1) 概要

これについては、日報に近い事例である。各労働者がその日に各自実施した作業を記入し、計画と実績で比較できるようになっている。また、その作業に使用した建設機械の種類と台数も記載することになっている。現場の平面図もあり、グループが施工した位置を記入することになっている。安全、品質、環境管理についての指示、その他も記入できる様式となっている。労働者が頻繁に変わる場合は、計画と実績の比較が難しくなる。

(2) 具体的事例

事例 3-1 の具体的事例を次ページに掲載する。

4. 週報・月報

4.1 事例 4-1

(1) 概要

この事例は、月報についての様式であり、労働力、安全管理の打合せ回数、労働安全意識向上のための取り組み回数、死亡事故数、その他の事故数、全労働時間数等を当該月の数値とそれまでの累計値を記入するシンプル、かつ基本的な様式となっている。コメントも記入出来るが、個別作業の安全管理については、別途のパトロールチェックリスト等を併せて見る必要がある。

(2) 具体的事例

事例 4-1 の具体的事例を次ページに掲載する。

月報

事例 4-1

MONTHLY SAFETY REPORT

Actual Work start Date:

For the Month of:

Project: _____ Report No:

Name of the sub-Contractor: _____ Status as on:

Name of work: _____ Name of Designated Safety Officer:

ITEM	THIS MONTH	CUMULATIVE
Total Strength (Staff + Workmen)		
No of Safety Meetings organized at site		
No of HSE awareness programs conducted at site		
Whether Workmen health Policy taken		
Whether Workmen health Policy is valid		
Whether workmen registered under		
Number of Fatal accidents		
Number of Reportable Accidents (Non Fatal)		
Other accidents (Non Reportable)		
Total no of Accidents		
Total Man Hrs worked		

Incidence Rate _____

No of Fire Incidents _____

No of First Aid Cases _____

No of Near Miss Incidents _____

Compensation Cases _____

No of Violations of Health and Safety provisions _____

Remarks, if any

Date:

Safety Officer

(Signature and Name)

4.2 事例 4-2

(1) 概要

この事例は、安全管理に関する週報・月報の様式である（事例 4-2-1）。多くのチェック項目に関して、場所、検査結果、対応期日、その署名等からなる。安全管理に関しては、検査確認結果も同一表でみることが出来、前述の様式より体系化していると言える。事例 4-2-2 は、週報の様式であり月報の様式と比較しては検査項目が少なくなっているのがわかる。

事例 4-2-3 は、PPE の貸与リストであり PPE の種類、労働者の名前、署名等というシンプルであるが、PPE の全体の状況把握がしやすい様式となっている。

(2) 具体的事例

事例 4-2-1, 4-2-2 及び 4-2-3 の具体的事例を次ページ以降に掲載する。

週報・月報

事例 4-2-1 ①


PROJECT NAME

PROJECT HEALTH & SAFETY PLAN

FORM S1

Report No:

Weekly/Monthly Safety Inspection Report

Inspection Area		 SAFETY FIRST
Date		
Participants		

SITE LOCATION CODES

ITEM	DESCRIPTION	LOCATION	VIOLATION / OBSERVATION		ACTION BY DATE	DATE ACTIONED & SIGN
1.0	GENERAL SITE CONDITION					
1.1	Housekeeping		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Projecting Nail <input type="checkbox"/> Debris & Scraps <input type="checkbox"/> N/A or Others, please specify			
1.2	Access & Egress		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Blocked <input type="checkbox"/> Not Provided <input type="checkbox"/> Corrective safety measures to be taken			
1.3	First-Aid Box		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Insufficient Medical Items <input type="checkbox"/> No list of qualified First-Aid Personnel <input type="checkbox"/> No "First-Aid" Mark <input type="checkbox"/> Not Provided			
1.4	Fire Extinguisher		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Maintenance Period Expired <input type="checkbox"/> Improper Hanging <input type="checkbox"/> Not Provided <input type="checkbox"/> N/A Others, please specify:			
1.5	Safety Representative Weekly Report		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Yet Completed <input type="checkbox"/> N/A or others, please specify			
1.6	Notice of Empl. Of Safety Officer Safety Supervisor		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Posted <input type="checkbox"/> Others please specify	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Posted <input type="checkbox"/> Others please specify		
1.7	Dangerous Goods		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Labeled <input type="checkbox"/> Improper Storage <input type="checkbox"/> N/A or others, please specify			
2.0	LIFTING APPLIANCE & LIFTING GEAR					
2.1	Mobile Crane		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Weekly Inspection Report <input type="checkbox"/> No SWL clearly posted <input type="checkbox"/> No Statutory Test & Thorough Examination Certificates <input type="checkbox"/> Use of outriggers <input type="checkbox"/> Capacity & Lifting Radius Chart <input type="checkbox"/> Use of Signalman <input type="checkbox"/> Unauthorized riding of crane <input type="checkbox"/> Riding Loads or Hook <input type="checkbox"/> Operation Near Overhead Power Lines <input type="checkbox"/> Remote Control Status/Battery <input type="checkbox"/> Communication Device <input type="checkbox"/> Lifting Capacity Warning (Bell) <input type="checkbox"/> Travel Warning Device <input type="checkbox"/> Broken/Fatigue Failure Wires <input type="checkbox"/> N/A or Other, please specify			
2.2	Lifting Gear		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No SWL mark or stamp <input type="checkbox"/> Broken Wires <input type="checkbox"/> No Marking <input type="checkbox"/> No Statutory Test Certificates <input type="checkbox"/> No Statutory Examination Report <input type="checkbox"/> N/A or others, please specify			

週報・月報

事例 4-2-1 ②

PROJECT NAME
PROJECT HEALTH & SAFETY PLAN

ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTIONED D & SIGN
4.0	PLANT & EQUIPMENT				
4.1	Winch or Lift		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Communication Device Defective/Malfunction <input type="checkbox"/> No Statutory Test & Thorough Examination Certificates <input type="checkbox"/> No Weekly Inspection Report <input type="checkbox"/> No SWL & Max. Person Notice <input type="checkbox"/> N/A or Others, please specify		
4.2	Woodworking Machine		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Safety Guards <input type="checkbox"/> N/A or Others, please specify		
4.3	Abrasive Wheel		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Safety Guards <input type="checkbox"/> No Warning Notice <input type="checkbox"/> N/A or Others, Please specify		
4.4	Arc Welding Machine		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Earthing <input type="checkbox"/> Out Going Cables w/ o Protection <input type="checkbox"/> Live Parts Not Insulated <input type="checkbox"/> Unsatisfactory. <input type="checkbox"/> N/A or Others, please specify		
4.5	Oxy-Acetylene Cutting		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Flashback Arrestors <input type="checkbox"/> Not Labeled (Acetylene) <input type="checkbox"/> Not Kept Upright <input type="checkbox"/> PPE Not in use. <input type="checkbox"/> N/A or others please specify		
5.0	TEMPORARY ELECTRICAL INSTALLATION				
5.1	Distribution Board & Switch		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No ELCB <input type="checkbox"/> Unlocked <input type="checkbox"/> No Warning Sign <input type="checkbox"/> Proper earthing <input type="checkbox"/> N/A or Others, Please specify		
5.2	Outgoing Wiring, Plug & Socket		<input type="checkbox"/> No Protection Against Physical Damage <input type="checkbox"/> Satisfactory <input type="checkbox"/> No insulation <input type="checkbox"/> No Earthing <input type="checkbox"/> No Protection Against Physical Damage		
5.3	Portable Lighting		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No earthing <input type="checkbox"/> Damaged Bulb/Cover <input type="checkbox"/> N/A or Others, please specify		
5.4	Lightning Conductors		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Properly Grounded <input type="checkbox"/> N/A or Others, please specify		
6.0	WORK AT HEIGHT				
6.1	Scaffolding		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Monthly Inspection Report <input type="checkbox"/> Inadequate Bracing <input type="checkbox"/> Damaged Scaffolds <input type="checkbox"/> No Base-Plate <input type="checkbox"/> Damage Scaffolds <input type="checkbox"/> N/A or others, please specify		
6.2	Working Platform (Fixed/Mobile)		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Damaged Scaffolds <input type="checkbox"/> No Access <input type="checkbox"/> Wheel Unlocked At Work <input type="checkbox"/> No Guard rails/toe board <input type="checkbox"/> Not Closely Boarded <input type="checkbox"/> No Monthly Inspection Report <input type="checkbox"/> N/A or Others, please specify		

週報・月報

事例 4-2-1 ③

PROJECT NAME					
<u>PROJECT HEALTH & SAFETY PLAN</u>					
ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTIONED & SIGN
6.3	Ladder		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Secured Its Top & Bottom <input type="checkbox"/> Damaged Rungs <input type="checkbox"/> Not Extended 1m At the Landing <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A or Other, please specify		
7.0	WORK PERMIT SYSTEM				
7.1	Gas Testing Report		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No yet completed/updated <input type="checkbox"/> So far not introduced <input type="checkbox"/> N/A or Others, please specify		
7.2	Communication System/Device		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Provided <input type="checkbox"/> Defective/Malfunction <input type="checkbox"/> N/A or Others, please specify		
8.0	PERSONAL PROTECTIVE EQUIPMENT & Employee Practices				
8.1	General Safety Gear		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Safety Helmet <input type="checkbox"/> Safety jacket <input type="checkbox"/> No Safety Shoes <input type="checkbox"/> No Eye Protector <input type="checkbox"/> No Ear Protector <input type="checkbox"/> No Safety Belt <input type="checkbox"/> No Dust Mask/Respirator <input type="checkbox"/> Unsatisfactory		
8.2	Employee Practice		<input type="checkbox"/> Reporting Injuries <input type="checkbox"/> Reporting Damage <input type="checkbox"/> Housekeeping <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Personal Protective Devices <input type="checkbox"/> Drunkenness <input type="checkbox"/> Horseplay <input type="checkbox"/> Unauthorized Operation <input type="checkbox"/> Unsafe Fueling Equipment <input type="checkbox"/> Unsafe Erection of Scaffold <input type="checkbox"/> Unsafe use of Ladders <input type="checkbox"/> Unsafe Lifting <input type="checkbox"/> Using Broken tools <input type="checkbox"/> Using Unsafe Welding Cable <input type="checkbox"/> Using Unsafe Power Tools <input type="checkbox"/> Unsafe use of Gas Bottles <input type="checkbox"/> Ridding with loads in truck <input type="checkbox"/> Under Suspended load <input type="checkbox"/> Unsafe Riding of Equipment <input type="checkbox"/> Open fires <input type="checkbox"/> Failure to bend/remove nails <input type="checkbox"/> Unauthorized entry		
9.0	DANGEROUS GOODS HANDLING				
9.1	Explosives		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Wooden storage boxes <input type="checkbox"/> Detonators <input type="checkbox"/> Explosives <input type="checkbox"/> Stock book maintained, order and delivery records <input type="checkbox"/> Warning labels, "Danger- Detonators" in Eng. + Singhalese <input type="checkbox"/> Blasting permit <input type="checkbox"/> Transporting of Explosives. <input type="checkbox"/> Fitness of the vehicle <input type="checkbox"/> Authorized shot firer <input type="checkbox"/> Register of blasting operations <input type="checkbox"/> N/A or others, please specify		
9.2	Compressed gas		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Designated storage area and proper use of storage <input type="checkbox"/> Security of storage area <input type="checkbox"/> Labeling <input type="checkbox"/> Warning signs <input type="checkbox"/> Not Securing gas bottles (up-right) <input type="checkbox"/> N/a OR others, please specify		

週報・月報

事例 4-2-1 ④

PROJECT NAME
PROJECT HEALTH & SAFETY PLAN

ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTION D & SIGN
9.3	Corrosive substances		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Warning markings, handling requirements <input type="checkbox"/> Satisfactory packing <input type="checkbox"/> Absorbent near-by <input type="checkbox"/> Ventilation		
9.4	Others		<input type="checkbox"/> Poisonous substances <input type="checkbox"/> Inflammables		
10.0	AIR POLLUTION				
10.1	Generators	1. 2. 3. 4.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Black smoke <input type="checkbox"/> Leaking Oil <input type="checkbox"/> Others, Please specify		
10.2	Earth moving equipment	1. 2. 3 4	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Black smoke <input type="checkbox"/> Leaking oil <input type="checkbox"/> N/A or others, please specify		
10.3	Vehicles, locomotives, other fuel burning engines	1. 2. 3. 4.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Black smoke <input type="checkbox"/> Leaking oil <input type="checkbox"/> N/A or others, please specify		
10.4	Dust	1. 2. 3. 4.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Site dusty <input type="checkbox"/> Inadequate spraying <input type="checkbox"/> N/A or others, please specify		
1.0	WATER POLLUTION				
1.1	General house-cleaning		<input type="checkbox"/> Oil/diesel stains on ground <input type="checkbox"/> Garbage scattered all over the site. <input type="checkbox"/> N/A or others, please specify		
1.2	Maintenance of de-silting tank	1. 2. 3.	<input type="checkbox"/> Odors <input type="checkbox"/> Oil sheen/Visible grease <input type="checkbox"/> Turbidity <input type="checkbox"/> Foam <input type="checkbox"/> Colour <input type="checkbox"/> Tank full of silt <input type="checkbox"/> N/A or others, please specify		
1.3	Neutralization Tank	1. 2.	<input type="checkbox"/> Odors <input type="checkbox"/> Oil sheen/Visible grease <input type="checkbox"/> Turbidity <input type="checkbox"/> Foam <input type="checkbox"/> Colour <input type="checkbox"/> Tank full of silt <input type="checkbox"/> No neutralization record <input type="checkbox"/> No monitoring of waste water pH <input type="checkbox"/> Containment of acid storage area <input type="checkbox"/> N/A or others, please specify		
1.4	Floor drains		<input type="checkbox"/> Signs of pouring oil/diesel into drains <input type="checkbox"/> Contaminated with chemicals (e.g. oil, diesel etc.,) <input type="checkbox"/> Blocked by debris/garbage <input type="checkbox"/> Storage of chemicals nearby <input type="checkbox"/> N/A or others, please specify		
12	EARTH POLLUTION				
12.1	Using earthmoving equipment and chemicals		<input type="checkbox"/> Oils spills on the ground <input type="checkbox"/> Chemical spills <input type="checkbox"/> Dumping waste concrete <input type="checkbox"/> Used Batteries <input type="checkbox"/> Plastics bags etc., <input type="checkbox"/> Dumping tires <input type="checkbox"/> Glasses <input type="checkbox"/> N/A or others specify		
13	HAZARDOUS MATERIAL HANDLING AND STORAGE				
13.1	Waste/garbage bins		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Pollutants (e.g. waste chemical containers, rags, and batteries etc., dumped in bins. <input type="checkbox"/> Recyclables (e.g. metal) dumped in garbage bins <input type="checkbox"/> N/A or others, please specify		

週報・月報

事例 4-2-1 ⑤

PROJECT NAME
PROJECT HEALTH & SAFETY PLAN

ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTION D & SIGN
13.2	Chemical dispensing		<input type="checkbox"/> Drums/containers not effectively closed <input type="checkbox"/> No drip pans/trays <input type="checkbox"/> Extensive spillage on floor/ground <input type="checkbox"/> Waste chemical on the external surface of the containers <input type="checkbox"/> No grounding of drums <input type="checkbox"/> No Warning signs <input type="checkbox"/> No overhead covering/protection from rainwater flooding <input type="checkbox"/> Spilled chemicals in drip tray not pumped out <input type="checkbox"/> No Emergency equipment <input type="checkbox"/> Funnels not used. <input type="checkbox"/> N/A or others, please specify <input type="checkbox"/> Interaction with water <input type="checkbox"/> Strong supporter of combustion <input type="checkbox"/> Readily combustible <input type="checkbox"/> Liable to spontaneous combustion <input type="checkbox"/> Others		
13.3	Waste types		<input type="checkbox"/> Drums/containers not effectively closed. <input type="checkbox"/> Not stored in designated drums <input type="checkbox"/> No drip pans/trays <input type="checkbox"/> Extensive spillage on floor/ground <input type="checkbox"/> Waste chemicals on the external surface of the containers <input type="checkbox"/> No labels on drums <input type="checkbox"/> No, or ineffective, bonding <input type="checkbox"/> No warning signs <input type="checkbox"/> No overhead covering <input type="checkbox"/> No ventilation <input type="checkbox"/> No emergency equipment <input type="checkbox"/> Funnels not used <input type="checkbox"/> Maximum volume not posted or maximum volume exceeded <input type="checkbox"/> N/A or others, please specify.		
13.4	Cleaning solvents	Metal works Hop	<input type="checkbox"/> No designated storage drums <input type="checkbox"/> Drums/containers not effectively closed. <input type="checkbox"/> No drip pans/trays <input type="checkbox"/> Extensive oil/diesel spillage on ground <input type="checkbox"/> Soaking tray placed in heavy traffic area <input type="checkbox"/> No emergency equipment <input type="checkbox"/> Funnels not used <input type="checkbox"/> N/A or others, please specify		
13.5	Chemical storage		<input type="checkbox"/> No, or ineffective, bonding <input type="checkbox"/> Drums/containers not effectively closed. <input type="checkbox"/> No drip pans/ trays <input type="checkbox"/> Extensive oil/diesel spillage on ground <input type="checkbox"/> Waste chemical on the external surface of the containers <input type="checkbox"/> No warning signs <input type="checkbox"/> No overhead covering <input type="checkbox"/> No ventilated <input type="checkbox"/> No emergency equipment <input type="checkbox"/> No maximum storage quantity posted, or quantity exceeded <input type="checkbox"/> No inventory <input type="checkbox"/> N/A or others, please specify		
13.6	Above ground diesel tanks		<input type="checkbox"/> Extensive diesel spillage on ground <input type="checkbox"/> No bending /no drip pans when pumping diesel <input type="checkbox"/> No drip buckets for dispensing hoses/pump <input type="checkbox"/> Integrity of tank not satisfactory <input type="checkbox"/> Leaking pipes/ connectors/ pumps <input type="checkbox"/> Roof not provided <input type="checkbox"/> Located too close to storm drain inlets <input type="checkbox"/> Banding discharge valve not closed <input type="checkbox"/> N/A or others, please specify.		
13.7	Oil change		<input type="checkbox"/> No drip pans / spills / stains / housekeeping <input type="checkbox"/> Waste oil not poured into designated waste oil drums <input type="checkbox"/> Dirty oil filters dumped into garbage <input type="checkbox"/> N/A or others, please specify		

週報・月報

事例 4-2-1 ⑥

PROJECT NAME
PROJECT HEALTH & SAFETY PLAN

ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTION D & SIGN
14	WASTE MANAGEMENT				
14.1	Waste types		<input type="checkbox"/> Chemical <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Radioactive <input type="checkbox"/> Construction/ work <input type="checkbox"/> N/A or others, please specify		
14.2	Storage Containers		<input type="checkbox"/> Container Integrity not satisfactory <input type="checkbox"/> No labeling <input type="checkbox"/> Drums/ containers not effectively closed <input type="checkbox"/> Waste chemical on the external surface of the containers <input type="checkbox"/> Handling Instructions not posted at dispenser. <input type="checkbox"/> N/A or others, please specify		
14.3	Housekeeping		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Miscellaneous items are stored here <input type="checkbox"/> Improper stacking of drums <input type="checkbox"/> Isle too narrow or not cleared of obstacles <input type="checkbox"/> N/A or other, please specify		
14.4	Records		<input type="checkbox"/> No inventory records <input type="checkbox"/> No shipment manifests <input type="checkbox"/> N/A or others, please specify		
14.5	Storage containers		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Container integrity not satisfactory <input type="checkbox"/> No labeling - <input type="checkbox"/> Drums/containers not effectively closed <input type="checkbox"/> Waste chemical on the external surface of the containers <input type="checkbox"/> Handling instructions not posted at dispenser		
14.6	House keeping		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Miscellaneous items are stored here <input type="checkbox"/> Improper stacking of drums <input type="checkbox"/> Isle too narrow or not cleared of obstacles <input type="checkbox"/> Inadequate bounding volume <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Directly connected to drains <input type="checkbox"/> Inadequate space for handling waste containers <input type="checkbox"/> Not provided with a roof <input type="checkbox"/> Not secured by lock(s) <input type="checkbox"/> No warning signs/maximum quantity or volume <input type="checkbox"/> No emergency equipment <input type="checkbox"/> N/A or others, please specify		
14.7	Storage area		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Non-Government approved waste remover <input type="checkbox"/> Non-Government approved treatment facility <input type="checkbox"/> No shipment manifests <input type="checkbox"/> N/A or others, please specify		

SUMMARY NOTES

Action to be taken by

14.8 Construction Activities

週報・月報

事例 4-2-2 ①

PROJECT NAME

PROJECT HEALTH & SAFETY PLAN

FORM S13

Report No:

WEEKLY SAFETY CHECK SHEET

Date:	Location:	Officer In charge:	
Sub Contractor:		From	To
Officer In charge			

Safety Boards (Working in the Public Roads/Places)		Sun	Mo	Tue	We	Thu	Fri	Sa
1	Sign Boards required according to the work Site							
2	Flag men with Traffic Jackets							
3	Safety Cones (sufficient number for the site)							
4	Barricade Tape							

Working Under the Bridges & Elevated Stages/ Safety Precautions

1	Safety Nets							
2	Standing Rebar Edge Protection							
3	Wooden. Gangway							
4	Guardrails							
5	Foot Bridges							
6	Walk Ways							
7	Safety Belts							
8	Safety Helmets /Chin Guard Tightened							
9	Safety Shoes/ Boots							
10	Safety of Ladders							
11	Tools & Equipments are in Good Condition							

Excavation Sites/ Collapsible Areas

1	Mechanical Condition of Excavator/JCB							
2	Underground Obstructions (Water pipe, Telecom Cables)							
3	Electricity Cables & Telecom Cables above the site							
4	Condition of Soil is Collapsible							
5	Timber pile sheets are available for Shoring							
6	Steel Sheet Piles are available for Shoring							
7	Jacks & Supports							
8	No third party shall enter in to the site							
9	First aid officer is in the site							

Safety Precaution for Night Works

1	Generators							
2	Lights 1000W / 500W							
3	Blinking Lights/Warning Lights							
4	Safety Boards							
5	Flag Men / Signal Men to Control the Traffic							
6	Permission from Relevant Authority							
7	Inform to Environment Before Commencing Work							
8	Inform to Police							

週報・月報

事例 4-2-2 ②

PROJECT NAME
PROJECT HEALTH & SAFETY PLAN

1	Check Welding Equipment is in Good Working Order								
2	Fire Extinguishers are Available								
3	Check Flammable Liquids or Aerosol Cans are around								
4	“NO SMOKING” Sign Boards								
5	Do not let anybody to watch the Arc of an Arc Welder in Operation								
6	Check Acetylene Regulator Pressures it should never be allowed To exceed 103kp								

Check Proper Protective Clothing and Equipments

1	Leather Gloves								
2	Long Sleeve Shirts or Hand Protector								
3	Eye and Face Protector Shield								
4	Goggles								
5	Helmet or Hard Hat								
6	Safety boot or shoe								

Discharge of Excess Soil

1	Is the Land Approved by the Relevant Authority?								
2	House Keeping								
3	Fire Extinguisher								
4	Traffic Control								
5	First Aid								
6	Blasting Communication								
7	Explosive Handling								
8	Unsafe Machineries & Vehicles								
9	Working under the influence of Alcohol								
10	Other Unsafe Activities (Specify)								

Special Comments:

.....

Safety Officer 	Sub Contractor's Officer In charge: Name: Designation: Signature: Sub Contractor.....
-----------------------------	---

Comments:

Project Manager

.....

4.3 事例 4-3

(1) 概要

月報の内容である。詳しい様式ではなく、安全管理委員会が主催する月例の打合せ記録簿であり、「主な出来事、事故報告、安全活動（ミーティング、研修活動）結果」について記載することとしている。

(2) 具体的事例

事例 4-3 の具体的事例を次ページに掲載する。

月報

事例 4-3

		Date of Preparation	
		Prepared by	
		Approved by	

MONTHLY SAFETY REPORT

1. Major Event

2. Casualty Report

No.	Description		Cumulative	Subcontractor		Total	
				This Month	Cumulative	This Month	Cumulative
1	Number of person	H					
2	Man hours worked	H					
3	No lost time accident	b					
4	Loss time accident <3days and less	c					
5	Loss time accident >4days and more	d					
6	Fatal accident	e					
7	Man days lost	L					
8	Frequency rate	F					
9	Severity rate	G					

Note: $F = ((d+e)/H) \times 1,000,000$ $G = (L/H) \times 1,000$

3. Safety Activity

3.1 Safety Meeting

No.	Description	This Month			Remarks
		Date	No. of attendees	Hours of Meeting	
1	General Safety Meeting for Workers				
2	Monthly Progress Meeting				
3	Weekly Meeting				

3.2 Safety Training

No.	Description	This Month			Remarks
		Date	No. of attendees	Hours of Meeting	
1	Safety orientation to new worker				
2	Tool box meeting				
3	Specific safety training				
	a)Traffic Accident				
	b)Discuss accident happen from other project				
	c)Safety Motivation for workers prior to safety promotion				
	d)Others				

5. パトロールチェックシート

5.1 事例 5-1

(1) 概要

事例 5-1-1 が、クレーンのチェックリストであり、検査項目はエンジン、油圧系統、ブレーキ系統、走行系統、電気系統、安全装置等に大別されている。

事例 5-1-2 は、足場のチェックリストであり、場所と足場の概要記述、検査日と検査結果、チェック項目（ベースプレート、地盤状況、継ぎ目、すじかい、ピッチ、通路、ステージ、はしご、手摺り等）からなる。

(2) 具体的事例

事例 5-1-1 及び 5-1-2 の具体的事例を次ページ以降に掲載する。

パトロールチェックシート	事例 5-1-1
---------------------	-----------------

CRANE DAILY CHECKLIST – PF 95										
WORKS SECTION/LOCATION WEIP/PKG_____/_____						DATE:				
REF:										
EQUIPMENT/PLANT NUMBER	MACHINERY	CHECKED NAME	BY	DESIGNATION	SIGNATURE					
No.	ITEM	CHECK DONE & DATE							COMMENTS	
1	ENGINE									
	WATER LEVEL									
	OIL LEVEL & CONDITION									
2	HYDRAULIC SYSTEM									
	HYDRAULIC OIL & CONDITION									
	HYDRAULIC PUMP, MOTORS & CYLINDERS									
	CONTROL VALVE, ROTATING JOINT									
3	BRAKING SYSTEM									
	SWING BRAKE CONDITION									
	BOOM HOIST BRAKE CONDITION									
	BRKE FLUID AND CONDITION									
4	TRAVELLING SYSTEM									
	TRACK AND CRAWLER ROLLERS									
5	ELECTRICAL SYSTEM									
	FLUID LEVEL IN BATTERY									
	ELECTRICAL DISPLAY PANEL									
6	SAFETY DEVICES									
	BOOM OVER HOIST									
	OVERLOAD ALARM IF ANY									

KEY: X: NOT ACCEPTABLE – REPAIRS TO BE DONE, CRANE NOTO TO BE USED
: ACCEPTABLE
N/A NOT APPLICABLE TO THE CRANE

パトロールチェックシート

事例 5-1-2

PROJECT NAME _____

PROCEDURE NO.16 – SAFETY MANAGEMENT

SCAFFOLD INSPECTION LIST – PF52

WORKS SECTION/LOCATION: _____ DATE _____

WEIP/PKG. /

REF: _____

1. WORK COMMENCEMENT – DATE _____

LOCATION AND DESCRIPTION OF SCAFFOLD	DATE OF INSPECTION	RESULT OF INSPECTION STATE WHETHER IN GOOD ORDER OR NOT	ADDITIONAL NOTES	SIGNATURE OF PEERSON WHO CARRIED OUR INSPECTION

2. SHORT CHECK LIST – THIS CHECKLIST MUST BE ATTACHED TO THE SCAFFOLDING BEING INSPECTED AND CERTIFIED AS SAFE OR NOT SAFE TO USE.

BASE PLATES	ACCEPTABLE(Y/N)
GROUND	
CONDITION	
STANDARDS	ACCEPTABLE(Y/N)
JOINT	
CONNECTION	
SPACING	
BRACING	

ACCESS PROVIDED	ACCEPTABLE(Y/N)
PLATFORM	
LADDER	
GUARD RAIL	
TOE BOARD	
COUPLINGS	ACCEPTABLE(Y/N)

OTHER MEMBERS	ACCEPTABLE(Y/N)

SIGNATURE: _____ NAME: _____ DATE: ____/____/____

5.2 事例 5-2

(1) 概要

海外の工事現場における安全管理を徹底するために、本社の基本的な方針をもとに、海外担当部署が安全マネジメントシステムの標準的なパターンを作成し、各現場の特性に応じて取捨選択し実施する例である。この例では、一般的な工事での検査項目を挙げている。(PPE、掘削、足場支保工、清掃、解体、交通安全、クレーン、電気等)しかし、この例以外でもコンクリート工事の例、電気を使用する工事の例、溶接工事の例等が用意されている。

(2) 具体的事例

事例 5-2 を次ページ以降に掲載する。

パトロールチェックシート

事例 5-2 ①

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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SAFETY INSPECTION**1 PURPOSE**

To identify hazardous situations and to implement remedial action before things can develop to a point where injury or other losses can occur.

2 SCOPE

Applicable to all project operations identified as hazards.

3 REFERENCE

SP-01_EHS Aspects and Hazards analysis
OCP-08_OHS Maintenance of Machinery

4 RECORDS

Relevant safety inspection records such as;
Scaffold inspection checklist, equipment inspection checklist, General safe work checklist, etc.

5 PROCEDURE**5.1 Responsibility**

- 5.1.1 Operators are to carry out inspection of equipments or plants before work.
- 5.1.2 M&E engineer is to carry out periodical inspections for M&E equipments and plants.
- 5.1.3 Site Supervisor or foreman are to carry out site work inspections and safety reports periodically.
- 5.1.4 Safety officer and his assistants are to carry out site work inspections and safety reports periodically.
- 5.1.5 The Project Manager or his representative and Construction Managers are to carry out safety inspections monthly.

5.2 General

- 5.2.1 In addition to the safety maintenance and equipment-inspection program,

パトロールチェックシート

事例 5-2 ②

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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which is an essential operating practice on every site, regular inspection of the workplace must take place.(refer to OCP-08_OHS Maintenance of Machinery)

5.2.2 All inspections, regardless of type, shall be taken place at intervals, as dictated by need.

5.2.3 Middle and senior management shall involve themselves in these inspections by taking part in nominated inspections or conducting their own.

5.3 Safety Inspections

5.3.1 Where required by contract, the Safety Officer shall on monthly basis prepare and submit the mandatory safety report to the client with endorsement of Project Manager.

5.3.2 The Safety Officer, Site Supervisor, designated personnel shall conduct various safety inspections with respective subcontractors/site personnel via various inspections checklists.

5.3.3 Further inspection program shall be developed to specify the check items, frequency, checklists, person in charge, etc.

5.3.4 Such program shall comprise but not limited to the followings;

- General safe work
- Scaffolding
- Temporary electrical installation
- Excavation
- Concreting and formwork
- Hot work
- Housekeeping, etc.

5.3.5 Appendix-1 shows the typical checklist for general safe work inspections.

5.3.6 The Safety Officer, Site Supervisor or designated personnel shall keep the inspection records.

5.4 Remedial Action

5.4.1 Inspections conducted are to be properly documented in order to specify the corrective actions required, timeframe and responsible person for the actions.

5.4.2 Follow-up is necessary to ensure that remedial works are completed on schedule as committed by the parties concerned.

パトロールチェックシート

事例 5-2 ③

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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6 ATTACHMENT

Appendix 1 Sample for
safe work inspection checklist

パトロールチェックシート

事例 5-2 ④

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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Appendix 1 Sample for General
Safe Work Inspection ChecklistOHS
CHECKLIST
FOR
PROJECT
SITE

NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
1	Personal Protective Equipment		
1a.	Use of Safety helmets.		
1b.	Provision and use of eye protection.		
1c.	Use of safety belt.		
1d.	Provision of ear protection.		
2	Excavation		
2a.	Excavation depth > 5m to provide warning sign.		
2b.	Timber plank used for piling at least 50mm thick.		
2c.	Excavation depth > 1.2m provide access ladder.		
2d.	Excavation depth > 4m to provide PE design for shoring.		
2e.	Excavation depth > 1.5m with mechanical digger used, to provide PE design for shoring.		
2f.	Positioning of machinery in dangerous manner.		
2g.	Storage of material 610mm away from the edge of trenches.		
2h.	Failure to protect open cut slope in accordance with approved method statement or design.		
3	Scaffolding		
3a.	No wire ties.		
3b.	Proper maintenance of scaffold.		
3c.	Minimum width of working platform is		

パトロールチェックシート

事例 5-2 ⑤

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	635mm.		
3d.	Sign show maximum load & maximum no. of workers to be placed.		
3e.	Platform projection shall not be less than 50mm or greater than 4 times of thickness of plank used.		
3f.	Plank used shall be flushed and secured.		
3g.	Removal of construction debris from platform.		
3h.	Provision of access ladder to platform.		
3i.	Provision of guard rail for working platform exceeds 3m in height.		
3j.	Provision of bracing from top to base of scaffolding.		
3k.	Erection on solid foundation or well consolidated soil.		
4	Housekeeping		
4a.	Cause tripping and cutting hazards.		
4b.	Storage of material cause obstruction to passage way or place of work.		
4c.	Material to stored or stacked in safe manner.		
4d.	Material storage shall not cause danger to persons below or close to edge of platform.		
4e.	Debris shall not accumulated and constitute hazard.		
4f.	Provision of hoarding.		
4g.	Removal of oil, greese, water etc., in which may causes slipping hazard.		
5	Demolition		

パトロールチェックシート

事例 5-2 ⑥

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
5a.	Proper method of removal of debris.		
5b.	Provision of catch platform for demolition of exterior wall or roof from a point more than 12m height if persons below are exposed to falling objects.		
5c.	Erection of barricade to prevent unauthorised person(s) entering the demolition project site with warning sign display.		
5d.	Swinging weight method to provide 1.5 times height of structure demolition zone with barricade.		
5e.	Clamshell bucket used to maintain 8m demolition zone with barricade.		
6	Traffic Control & Road Safety		
6a.	Failure to provide alternative footpath and directional sign for pedestrians.		
6b.	Closing of any road or lanes leading to traffic jam of 100m or more.		
6c.	Failure to display any or adequate temporary sign, cone, rotating lamp or other indication for temporary road-lanes closure.		
6d.	Failure to maintain barricades, blinkers, rotating lamps in good working condition.		
6e.	Failure to display adequate warning sign at strategic location.		
6f.	Failure to provide barrication with suitable warning sign and light when works carry out near any roads / highways.		
6g.	Placing of equipment / machineries, debris, material or thing in such a manner as to cause obstruction to		

パトロールチェックシート

事例 5-2 ⑦

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	persons using the public street and pedestrian footway.		
6h.	Failure to rectify road depression or potholes immediately.		
6i.	Failure to provide collision attenuator / truck mounted attenuator (TMA) for works on road with speed limit 70kph and above.		
7	Cranes		
7a.	Sound underlying material for footing.		
7b.	Provide capacity chart.		
7c.	Indicator for safe working load correspond to radius of jib and warning sign when radius is unsafe.		
7d.	No travel of crane with suspended load.		
7e.	Provision of lifting the Site Supervisor and signal man.		
8	Electrical		
8a.	Provision of proper warning sign in 4 official languages where electrical circuit exists.		
8b.	Protective measures taken to prevent damages.		
8c.	Wiring supported on proper insulator and not looped over rails or brackets.		
8d.	No wiring shall be left on ground or floor and shall be protected.		
9	Safe Means of Access		
9a.	Safe means of access to be provide to working levels above or below ground.		
9b.	Provision of hand hold to ladder.		
9c.	Ladder shall not stand on loose bricks or		

パトロールチェックシート

事例 5-2 ⑧

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	loose packing.		
9d.	Ladder shall be securely fixed.		
9e.	No undue swaying of ladder.		
10	Piling		
10a.	Piling hammer shall be lowered to ground if is not in use.		
10b.	Provision of permanent ladders.		
10c.	Warning sign provided at 50m away from test pile area.		
10d.	Sound footing for advancing of pile driver.		
11	Falling Hazard		
11a.	Open side or opening shall be guarded or covered.		
12	Prevention of Fire		
12a.	Provision of fire extinguishers.		
13	First-Aid		
13a.	Provide and maintain First-Aid boxes.		
13b.	Employment of first aider for factory more than 25 persons.		
14	Safe Place of Employment		
14a.	All places of work, floors, steps, stairs, passages, gangways, must be properly maintained and free from obstruction.		
14b.	Secure foothold & handhold shall be provided if a person is liable to fall from more than 3m; provision of safety belt, fencing, net and secured anchorage.		
15	Health Requirements		
15a.	Cleanliness – Work place to be kept clean and free from effluents.		

パトロールチェックシート

事例 5-2 ⑨

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
15b.	Ventilation-Provision of ventilation for work place which generate harmful gases, vapours or other impurities.		
15c.	Lighting - Provision and maintain sufficient & suitable lighting.		
15d.	Drainage - Provision and proper maintenance of drainage system.		
15e.	Sanitary – Sufficient and properly maintained toilet facilities.		
16	Others		
16a.	Non-compliance with approved procedures for beam launching work.		
16b.	Failure to control unsafe acts of workers, like pillioning on dumpers / excavators / cranes, improper use of connectors / plugs for electrical equipments, etc.		
16c.	Failure to comply with any written law and byelaws, rules and regulations of any government ministry, statutory boards or other authorities which are applicable or relevant to the execution of the works.		

INSPECTED AND WITNESSED BY:

Inspection done by:
Name:

Signature, Date and Time:

Subcontractor's
Representative (if applicable)
Name:

Signature, Date & Time:

5. パトロールチェックシート

6. 労働安全衛生マネジメントシステム

6.1 事例 6-1

(解説については事例 1-4 参照)

(1) 概要

国際標準 OHSAS 18001 の認証を受けている事例であり、ここではその認証書のコピーを示す。類似の事例としては、東京本社が ISO 9000 を取得してそれに応じて現場で品質管理と安全管理を実施している事例もある。

(2) 具体的事例

事例 6-1 の具体的事例を次ページに掲載する。

労働安全衛生マネジメントシステム

事例 6-1



CERTIFICATE OF APPROVAL

This is to certify that the Occupational Health & Safety Management System of:

Japan

has been approved by Lloyd's Register Quality Assurance
to the following specification:

OHSAS 18001:2007

The Occupational Health & Safety Management System is applicable to:

**Project management including management of
design, construction and maintenance of
civil engineering structures and buildings.**

Approval
Certificate No: YKA 4004690

Original Approval: 11 July 2011

Current Certificate: 25 February 2012

Certificate Expiry: 10 July 2014

A handwritten signature in black ink, appearing to be 'D. Mikawa', written over a horizontal line.

Issued by: Lloyd's Register Quality Assurance Limited



This document is subject to the provision on the reverse
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This approval is carried out in accordance with the LRQA assessment and certification procedures and monitored by LRQA.
The use of the UKAS Accreditation Mark indicates Accreditation in respect of those activities covered by the Accreditation Certificate Number 001
Micro Edition 13

6.2 事例 6-2

(解説、サンプルについては事例 5-2 参照)

(1) 概要

国際標準ではないが企業本社が独自の標準を設けている事例である。自社システムで PDCA サイクルを実施している事例等がある。

(2) 具体的事例

事例 6-2 を次ページ以降に掲載する。

労働安全衛生マネジメントシステム

事例 6-2 ①

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SAFETY INSPECTION**1 PURPOSE**

To identify hazardous situations and to implement remedial action before things can develop to a point where injury or other losses can occur.

2 SCOPE

Applicable to all project operations identified as hazards.

3 REFERENCE

SP-01_EHS Aspects and Hazards analysis
OCP-08_OHS Maintenance of Machinery

4 RECORDS

Relevant safety inspection records such as;
Scaffold inspection checklist, equipment inspection checklist, General safe work checklist, etc.

5 PROCEDURE**5.1 Responsibility**

- 5.1.1 Operators are to carry out inspection of equipments or plants before work.
- 5.1.2 M&E engineer is to carry out periodical inspections for M&E equipments and plants.
- 5.1.3 Site Supervisor or foreman are to carry out site work inspections and safety reports periodically.
- 5.1.4 Safety officer and his assistants are to carry out site work inspections and safety reports periodically.
- 5.1.5 The Project Manager or his representative and Construction Managers are to carry out safety inspections monthly.

5.2 General

- 5.2.1 In addition to the safety maintenance and equipment-inspection program,

労働安全衛生マネジメントシステム

事例 6-2 ②

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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which is an essential operating practice on every site, regular inspection of the workplace must take place.(refer to OCP-08_OHS Maintenance of Machinery)

- 5.2.2 All inspections, regardless of type, shall be taken place at intervals, as dictated by need.
- 5.2.3 Middle and senior management shall involve themselves in these inspections by taking part in nominated inspections or conducting their own.

5.3 Safety Inspections

- 5.3.1 Where required by contract, the Safety Officer shall on monthly basis prepare and submit the mandatory safety report to the client with endorsement of Project Manager.
- 5.3.2 The Safety Officer, Site Supervisor, designated personnel shall conduct various safety inspections with respective subcontractors/site personnel via various inspections checklists.
- 5.3.3 Further inspection program shall be developed to specify the check items, frequency, checklists, person in charge, etc.
- 5.3.4 Such program shall comprise but not limited to the followings;
- General safe work
 - Scaffolding
 - Temporary electrical installation
 - Excavation
 - Concreting and formwork
 - Hot work
 - Housekeeping, etc.
- 5.3.5 Appendix-1 shows the typical checklist for general safe work inspections.
- 5.3.6 The Safety Officer, Site Supervisor or designated personnel shall keep the inspection records.

5.4 Remedial Action

- 5.4.1 Inspections conducted are to be properly documented in order to specify the corrective actions required, timeframe and responsible person for the actions.
- 5.4.2 Follow-up is necessary to ensure that remedial works are completed on schedule as committed by the parties concerned.

労働安全衛生マネジメントシステム	事例 6-2 ③
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<p>6 ATTACHMENT</p> <p>Appendix 1 Sample for safe work inspection checklist</p>			

労働安全衛生マネジメントシステム

事例 6-2 ④

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Appendix 1 Sample for General
Safe Work Inspection Checklist

**OHS
CHECKLIST
FOR
PROJECT
SITE**

NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
1	Personal Protective Equipment		
1a.	Use of Safety helmets.		
1b.	Provision and use of eye protection.		
1c.	Use of safety belt.		
1d.	Provision of ear protection.		
2	Excavation		
2a.	Excavation depth > 5m to provide warning sign.		
2b.	Timber plank used for piling at least 50mm thick.		
2c.	Excavation depth > 1.2m provide access ladder.		
2d.	Excavation depth > 4m to provide PE design for shoring.		
2e.	Excavation depth > 1.5m with mechanical digger used, to provide PE design for shoring.		
2f.	Positioning of machinery in dangerous manner.		
2g.	Storage of material 610mm away from the edge of trenches.		
2h.	Failure to protect open cut slope in accordance with approved method statement or design.		
3	Scaffolding		
3a.	No wire ties.		
3b.	Proper maintenance of scaffold.		
3c.	Minimum width of working platform is		

労働安全衛生マネジメントシステム

事例 6-2 ⑤

NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	635mm.		
3d.	Sign show maximum load & maximum no. of workers to be placed.		
3e.	Platform projection shall not be less than 50mm or greater than 4 times of thickness of plank used.		
3f.	Plank used shall be flushed and secured.		
3g.	Removal of construction debris from platform.		
3h.	Provision of access ladder to platform.		
3i.	Provision of guard rail for working platform exceeds 3m in height.		
3j.	Provision of bracing from top to base of scaffolding.		
3k.	Erection on solid foundation or well consolidated soil.		
4	Housekeeping		
4a.	Cause tripping and cutting hazards.		
4b.	Storage of material cause obstruction to passage way or place of work.		
4c.	Material to stored or stacked in safe manner.		
4d.	Material storage shall not cause danger to persons below or close to edge of platform.		
4e.	Debris shall not accumulated and constitute hazard.		
4f.	Provision of hoarding.		
4g.	Removal of oil, greese, water etc., in which may causes slipping hazard.		
5	Demolition		

労働安全衛生マネジメントシステム

事例 6-2 ⑥

NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
5a.	Proper method of removal of debris.		
5b.	Provision of catch platform for demolition of exterior wall or roof from a point more than 12m height if persons below are exposed to falling objects.		
5c.	Erection of barricade to prevent unauthorised person(s) entering the demolition project site with warning sign display.		
5d.	Swinging weight method to provide 1.5 times height of structure demolition zone with barricade.		
5e.	Clamshell bucket used to maintain 8m demolition zone with barricade.		
6	Traffic Control & Road Safety		
6a.	Failure to provide alternative footpath and directional sign for pedestrians.		
6b.	Closing of any road or lanes leading to traffic jam of 100m or more.		
6c.	Failure to display any or adequate temporary sign, cone, rotating lamp or other indication for temporary road-lanes closure.		
6d.	Failure to maintain barricades, blinkers, rotating lamps in good working condition.		
6e.	Failure to display adequate warning sign at strategic location.		
6f.	Failure to provide barrication with suitable warning sign and light when works carry out near any roads / highways.		
6g.	Placing of equipment / machineries, debris, material or thing in such a manner as to cause obstruction to		

労働安全衛生マネジメントシステム

事例 6-2 ⑦

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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	persons using the public street and pedestrian footway.		
6h.	Failure to rectify road depression or potholes immediately.		
6i.	Failure to provide collision attenuator / truck mounted attenuator (TMA) for works on road with speed limit 70kph and above.		
7	Cranes		
7a.	Sound underlying material for footing.		
7b.	Provide capacity chart.		
7c.	Indicator for safe working load correspond to radius of jib and warning sign when radius is unsafe.		
7d.	No travel of crane with suspended load.		
7e.	Provision of lifting the Site Supervisor and signal man.		
8	Electrical		
8a.	Provision of proper warning sign in 4 official languages where electrical circuit exists.		
8b.	Protective measures taken to prevent damages.		
8c.	Wiring supported on proper insulator and not looped over rails or brackets.		
8d.	No wiring shall be left on ground or floor and shall be protected.		
9	Safe Means of Access		
9a.	Safe means of access to be provide to working levels above or below ground.		
9b.	Provision of hand hold to ladder.		
9c.	Ladder shall not stand on loose bricks or		

労働安全衛生マネジメントシステム

事例 6-2 ⑧

NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	loose packing.		
9d.	Ladder shall be securely fixed.		
9e.	No undue swaying of ladder.		
10	Piling		
10a.	Piling hammer shall be lowered to ground if is not in use.		
10b.	Provision of permanent ladders.		
10c.	Warning sign provided at 50m away from test pile area.		
10d.	Sound footing for advancing of pile driver.		
11	Falling Hazard		
11a.	Open side or opening shall be guarded or covered.		
12	Prevention of Fire		
12a.	Provision of fire extinguishers.		
13	First-Aid		
13a.	Provide and maintain First-Aid boxes.		
13b.	Employment of first aider for factory more than 25 persons.		
14	Safe Place of Employment		
14a.	All places of work, floors, steps, stairs, passages, gangways, must be properly maintained and free from obstruction.		
14b.	Secure foothold & handhold shall be provided if a person is liable to fall from more than 3m; provision of safety belt, fencing, net and secured anchorage.		
15	Health Requirements		
15a.	Cleanliness – Work place to be kept clean and free from effluents.		

労働安全衛生マネジメントシステム

事例 6-2 ⑨

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
15b.	Ventilation-Provision of ventilation for work place which generate harmful gases, vapours or other impurities.		
15c.	Lighting - Provision and maintain sufficient & suitable lighting.		
15d.	Drainage - Provision and proper maintenance of drainage system.		
15e.	Sanitary – Sufficient and properly maintained toilet facilities.		
16	Others		
16a.	Non-compliance with approved procedures for beam launching work.		
16b.	Failure to control unsafe acts of workers, like pillioning on dumpers / excavators / cranes, improper use of connectors / plugs for electrical equipments, etc.		
16c.	Failure to comply with any written law and byelaws, rules and regulations of any government ministry, statutory boards or other authorities which are applicable or relevant to the execution of the works.		

INSPECTED AND WITNESSED BY:

Inspection done by: Name: Signature, Date and Time:	Subcontractor's Representative (if applicable) Name: Signature, Date & Time:
---	---

6.3 事例 6-3

(1) 概要

ツールボックスミーティングを実施している事例である。その日の作業内容、それに関する安全衛生管理に係る留意点、作業内容に関する工法、それに対する確認、出席者全員のサイン等からなる。(事例 6-3)

また、これに関連して「3つの5分間活動キャンペーン」を実施している。すなわち、①始業前の5分間の安全対話、②作業前の5分間の安全確認、③作業後の5分間の清掃である。これについて安全計画書に記載がある。サンプルについては、割愛する。

(2) 具体的事例

事例 6-3 の具体的事例を次ページに掲載する。

労働安全衛生マネジメントシステム

事例 6-3

FR:TBM-01

Signature Chữ kí

Toolbox Meeting
Báo cáo an toàn hàng ngày

Site Công trường		Date (ngày)	
Cooperation company		Foreman Đốc công	
Today's content of work (Nội dung công việc)		Safety hygiene attention (Chú ý về an toàn)	
1.			
2.			
3.			
4.			
5.			
Clean up the working place 10 minutes before ending work. (Dọn dẹp công trường thi công 10 phút trước khi ra về).			
We do so. (measures). Biện pháp đảm bảo an toàn		Check before it works (The check is ○ sign.) Kiểm tra trước khi làm việc	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
All workers' signatures Chữ kí của tất cả công nhân		Number of people Số lượng người	
1.	○ : Newcomer Thành viên mới	11.	○ : Newcomer Thành viên mới
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	
We finished our work without accident so that I report and leave. Chúng ta phải kết thúc công việc mà không có tai nạn. Đến cuối ngày đốc công phải báo cáo cho cán bộ an toàn.		Foreman: Đốc công	

6.4 事例 6-4

(1) 概要

ツールボックスミーティングを実施している事例である。前述の事例とは、少し様式が異なる。その日の作業内容、品質と安全管理に関する留意点、元請け会社による安全指示があり、その日の作業内容に関して、リスクとハザード及び防止方法を作業員一人ひとりに聞く欄がある。リスクアセスメントである。

(2) 具体的事例

事例 6-4 の具体的事例を次ページに掲載する。

労働安全衛生マネジメントシステム

事例 6-4

Tool Box Meeting Record

Date	Year	Month	Day	Hour	Company name	Person in charge
------	------	-------	-----	------	--------------	------------------

Person's name (In own handwriting and the full name).						
ID. No.	Name	ID. No.	Name	ID. No.	Name	ID. No.
1		6		11		16
2		7		12		17
3		8		13		18
4		9		14		19
5		10		15		20
						21
						22
						23
						24
						25

(1) Content of meeting

Description of works	Safety instruction and notes
Quality, environmental instruction, and notes	

(2) Today's risk assessment

1. Potential Risk/Hazard(What's the risk today?)	2. Preventive Measure(How are you prevent?)

Where there an injury or neither sickness nor leaving work before finish time, etc.	No	Yes	Person in charge	Project M	Duty Safety
Note					

Tool Box Meeting

6.5 事例 6-5

(1) 概要

安全計画書の改訂をしている事例である。安全計画書に記述されている箇所のコピーをサンプル事例として示す。

(2) 具体的事例

事例 6-5 の具体的事例を次ページに掲載する。

労働安全衛生マネジメントシステム

事例 6-5

and improvement.

6. Management Review

6.1 Site safety Management Committee (SSMC)

Objective and Function

A Site Safety Management Committee (SSMC) shall be established to review and monitor the implementation of the safety plan, effectiveness of the safety and health measures taken and seeking the co-operation and commitment of staff at all levels. The SSMC meeting will be held every month with participants of Representatives from the Employer and the Consultant, with Contractor representatives.

Other than SSMC meeting the management having weekly progress meeting held on site office every Sunday, during this meeting discussing all weekly safety aspects and correction requirements discuss with management.

Terms of Reference:

1. To ensure the implementation of project safety plan or the contractor' site safety obligations set out in the contract;
2. To review and monitor the effectiveness of the safety and health measures taken on sit and recommend for improvement;
3. To review the established safety rules, risk assessments or safe working procedures.
4. To discuss hazards associated with the sit operations and necessary safety precautions.
5. To co-ordinate the interface safety measures of all subcontractors, utility undertakers or other construction parties working on the site;
6. To promote safety publicity and training;
7. To discuss and review the emergency and rescue procedures;
8. To review accidents those have occurred so as to recommend measures to prevent recurrences;
9. To review the accident statistics and safety performance of subcontractors;

Organization:

Chairman: Project Manager

- To chair the committee meeting and make final decision for opinions or disputes arising from the meeting.

Secretary: Safety Manager / Safety Officer

- To call meetings, professional OHC advices; take meeting minutes and follow-up matters

6.6 事例 6-6

(1) 概要

この事例は、東京本社が独自に持つ自社システムで PDCA サイクルを管理している具体的な一環として、安全計画書の改訂経緯に関する様式を定めている。

(2) 具体的事例

事例 6-6 の具体的事例を次ページに掲載する。

労働安全衛生マネジメントシステム**事例 6-6****SECTION 1 : SAFETY POLICY STATEMENT****SAFETY AND HEALTH POLICY**

Safe construction is a social commitment that all companies should fulfill. We strive for the consolidation and the improvement of the safety and health environment so that all workfolk can feel secure, and also being accepted from society with the confidence and empathy as the basis of corporate activities of “Thorough Pursuit of Safety First”.

1. ELIMINATION OF ACCIDENT AND INJURY

We not only comply with the provisions of Occupational Safety and Health Regulations and Health Regulations and Our Construction Safety and Health Control, but also aim to eliminate all accidents and injuries with responding to the variety situations and managing the adequate safety and health.

Especially to the specified works as “Priority Measures” and “Priority Dangerous Work and Dangerous Work”, we attempt to prevent any accident with concentrated efforts.

2. ACCIDENT PREVENTION TO THIRD PARTIES

Accidents to the community must be definitely avoided with every imaginable means. Particularly for the construction at urban districts, the construction plan that includes the measures of accident prevention to the third parties as the most important aspect should be drawn up and implemented thoroughly.

3. IMPROVEMENT OF SAFETY AND HEALTH STANDARDS

We strive for the education of safety and health to the project office persons involved and enhance the standard level of safety and health continuously with managing the cycle of “Plan- Do - Check- Act“ (=Improvement) appropriately Based on “Occupational Health and Safety Management System” that specifies in reducing any risk at the job site steadily.

Under these policies, all employees of ○○ and subcontractors should bring together their own management skills and enthusiasm for safety, and strongly develop the compulsory activities of safety and health management.

7. 地域との連携等

7.1 事例 7-1

(1) 概要

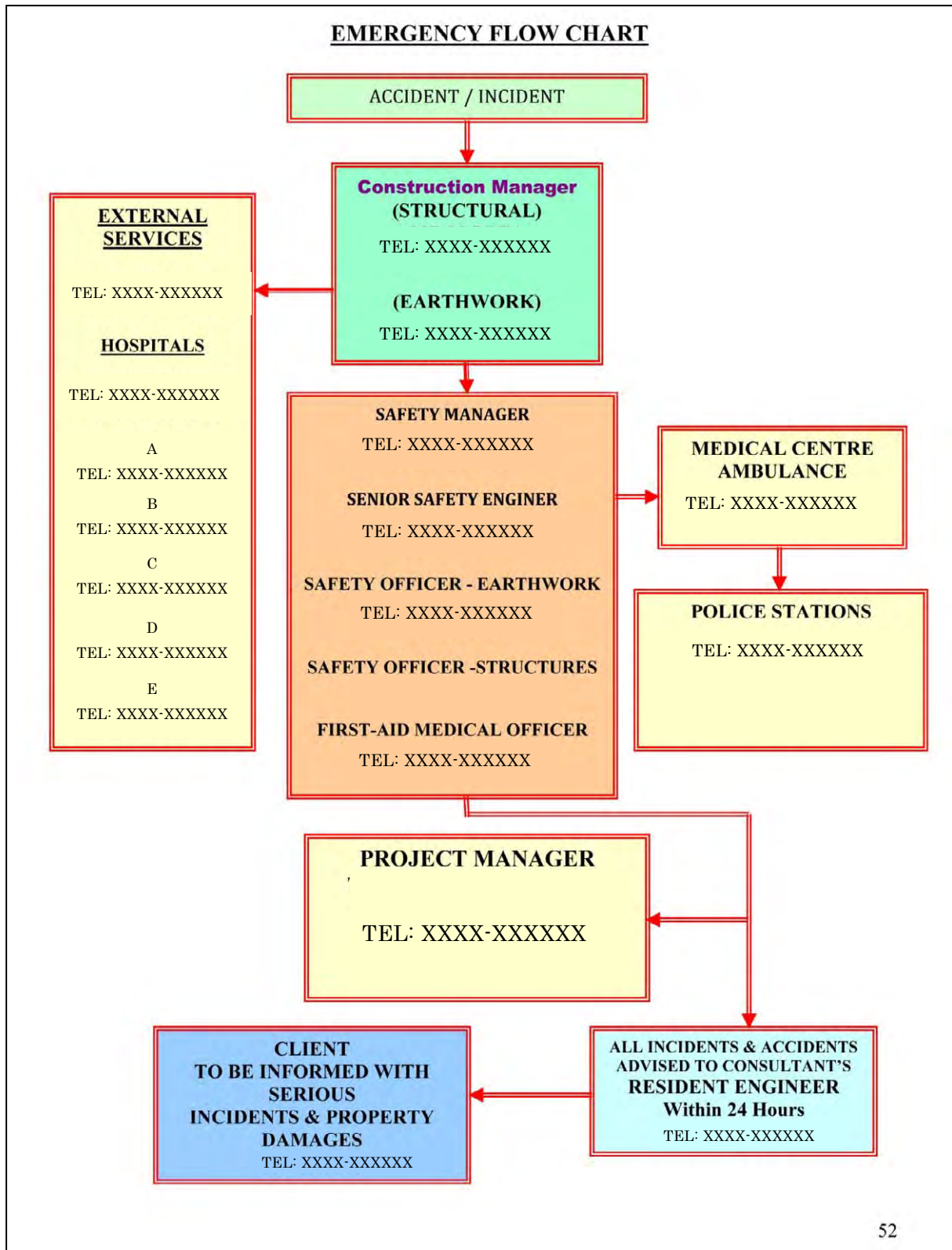
緊急時の対応として受注会社は工事担当者名、同連絡先、関係機関（エンジニア、発注者）の連絡先を記載しているフローチャートを作成しているが、この事例では、警察署、消防署、主要病院についても記載している。

(2) 具体的事例

事例 7-1 の具体的事例を次ページに掲載する。

地域との連携等

事例 7-1



7.2 事例 7-2

(1) 概要

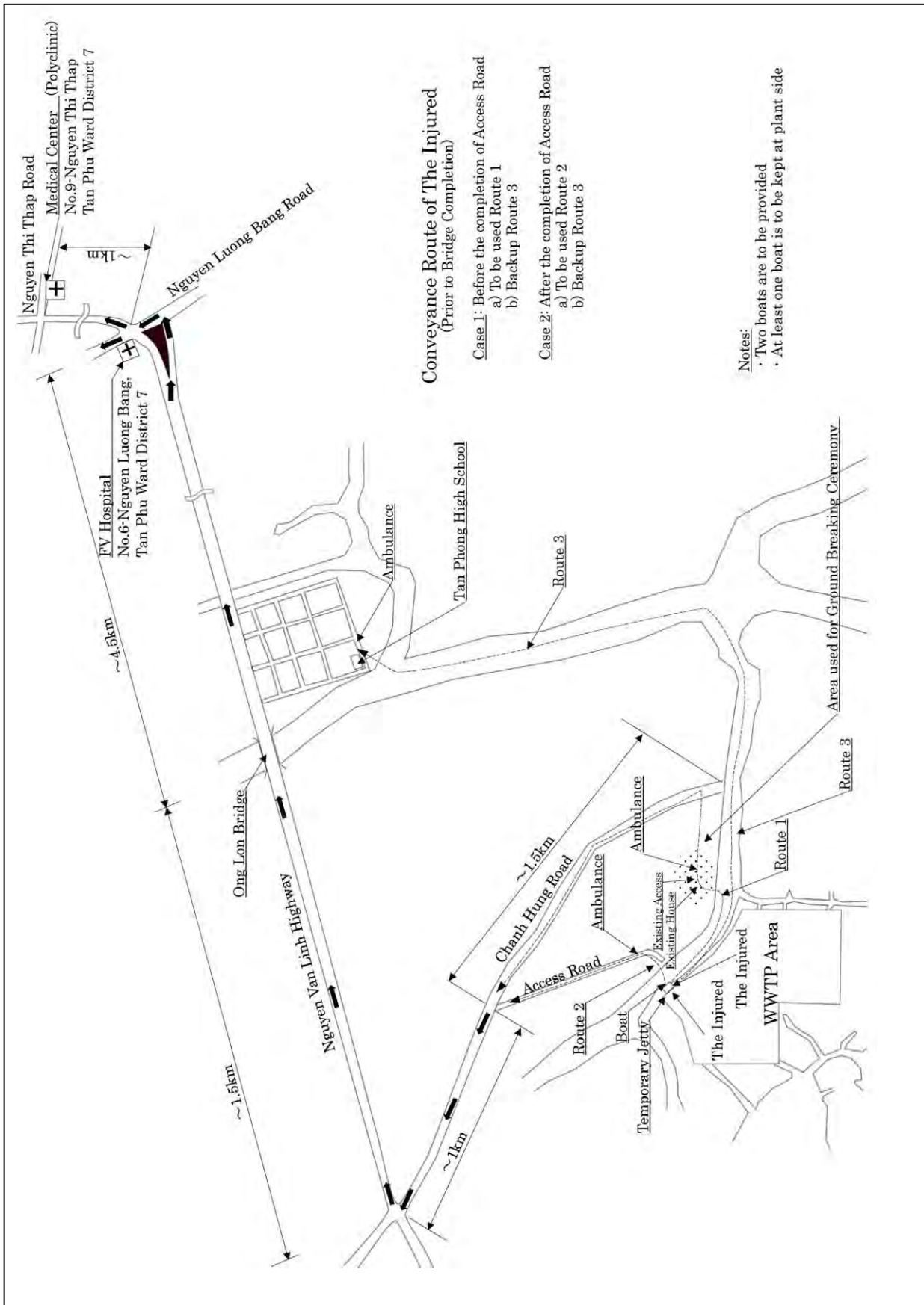
前述のフローチャートに加えて、この事例では負傷者の搬送ルートマップをのせて理解のしやすさに工夫が成されている（事例 7-2）。これは、従業員の安全優先の思想が底流にあり、従業員尊重型の安全管理としては同一案件でこれ以外にも月例で従業員参加の安全討論会を実施し、インセンティブの提案、安全管理活動の良否判定等を実施して安全管理の意識向上を図っている。

(2) 具体的事例

事例 7-2 の具体的事例を次ページ以降に掲載する。

地域との連携等

事例 7-2 ①



地域との連携等

事例 7-2 ②

PROJECT NAME

PROJECT SAFETY PLAN

		appropriate measures to be taken; <ul style="list-style-type: none"> Review of sub-contractors safety performance. 	
Monthly	Project Manager Construction Managers Chief manager The Engineer The Employer Subcontractors Project Manager	<ul style="list-style-type: none"> Present overall safety performance and statistics of the Project; Identify good practice and bad practices; Identify the following months training program; Appraise the participants of the training carried out to date; Proposal of incentives; Open discussion; 	<ul style="list-style-type: none"> Contained in the Monthly Report and presentation material;

3.04 Safety Information and Training

With reference to the OHSRP Section 7, the training and briefing are in principle the same:

Safety Inductions

All persons that are and shall be engaged on this Project shall be required to undergo an initial Safety Induction. The Safety Induction shall be conducted in English and Vietnamese. The Safety Manager and/or delegates shall conduct the Safety Induction. The Safety Induction is mandatory to any person wishing to visit/enter/work on or within the Project site. The induction shall include but not limited to:

7. 地域との連携等

7.3 事例 7-3

(1) 概要

活火山活動の影響を受ける現場での安全管理活動の事例であり、独自の待避計画、モニタリングシステムを有する。安全計画書にこれらについての記載があり、その抜粋を示す。

(2) 具体的事例

事例 7-3 の具体的事例を次ページ以降に掲載する。

地域との連携等

事例 7-3 ①

Form 12 - Working Safety Plan

13.4.7 Evacuation Plan

13.4.7.1 Introduction

The project area is located at foot of Mt. Merapi, which is one of the most active volcanoes in Indonesia. Merapi volcano activity is characterized by a very frequent eruption ranging from 1 to 5 years of time duration, (last eruption took place in 2006), and eruption is usually accompanied by the debris flows which occur with intensive rainfall.

Therefore, in case an eruption or debris flow took place during construction period, evacuation plan shall be prepared properly to ensure workers' lives and the Employer and the JO's properties.

13.4.7.2 Collection of Volcanic, Weather Information

a) Governmental observatory

Volcanic and weather information are provided from monitoring post under the control of Volcanologi office established by Indonesian Government for monitoring volcanic activities. There are three monitoring post office around the project area, which are Babadan, Turgo and Balerante. Table 5 shows names of monitoring post and facility codes which are related to nearest monitoring post. Emergency information as to volcano activities and weather is transmitted through HT. In view of this at least one HT shall be allocated each site with specified frequency.

The JO's supervisors and safety staff shall always pay adequate attention to those information and in case intercepting alert signal they shall make workers and equipments evacuate from site to secure place as soon as possible.

地域との連携等

事例 7-3 ②

Form 12 - Working Safety Plan

Table 5. Monitoring Post

No	Observatory	River Basin	Facility Code
1	Babadan	Apu	AP-RD2, AP-RD1a
		Pabelan	PA-RD2, PA-RD5
		Trising	TR-RD1, TR-RD8
		Senowo	SE-RD5, SE-RD6a
2	Turgo	Blongkeng	BL-RD3
		Putih	PU-RD1 ~7
		Batang	BA-RD1 ~ 8
		Bebeng	BE-RD1
3	Balerante	Kuning	KU-RD2
		Woro	WO-RD2

b) The JO's temporary observatory

The JO will establish temporary monitoring observatory to monitor the upstream condition of river such as the change of water flow and level, rain fall and weather. It will provide the information to site as promptly as possible in case debris flow or other disaster caused by intensive rain fall or volcanic activity is likely to take place. A monitoring observatory will be built at three to five kilometers away from uppermost stream site location in each river. A watch man will be stationed at a monitoring observatory while any sites located downstream are under operation. HT will be used as a communication tool.

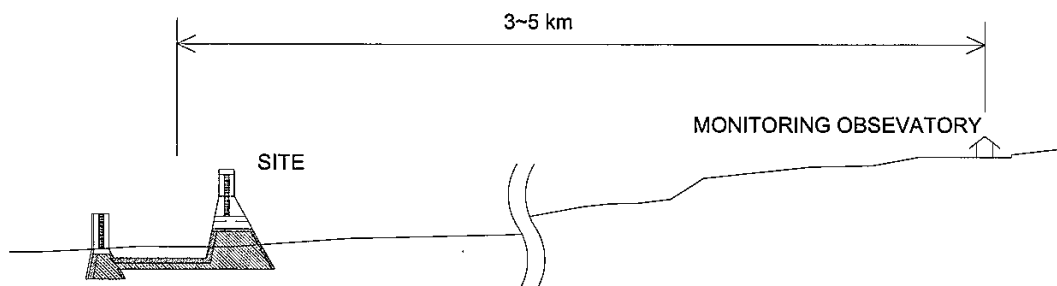


Figure 1. Temporary monitoring observatory

地域との連携等

事例 7-3 ③

From 12 – Working Safety Plan

13.4.7.3 Emergency Network

Following figure shows the JO's emergency network. The JO will evacuate all workers, the JO's staff and equipment including the Employer's properties following this procedure.

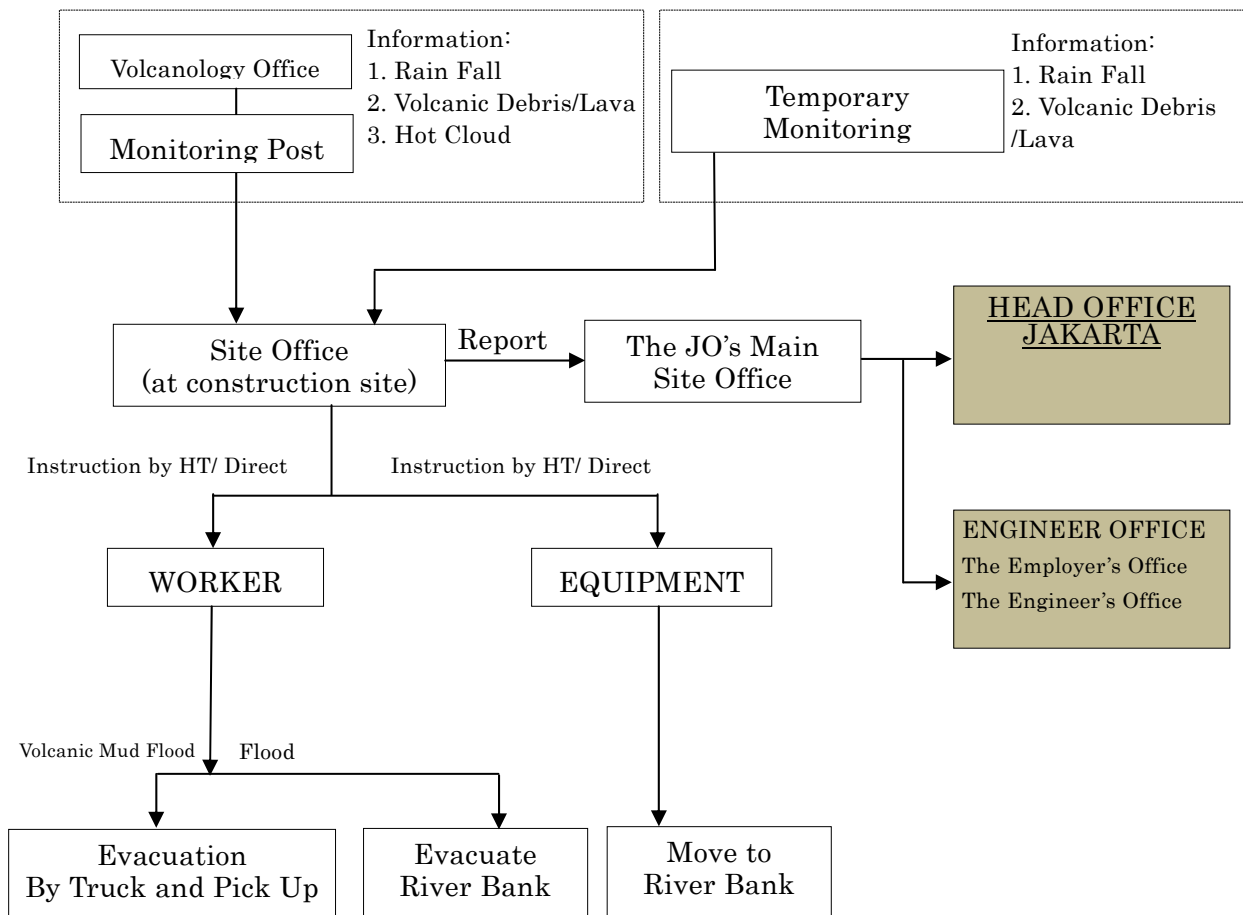


Figure 2. Evacuation Network

7. 地域との連携等

7.4 事例 7-4

(解説については事例 2-4 参照)

(1) 概要

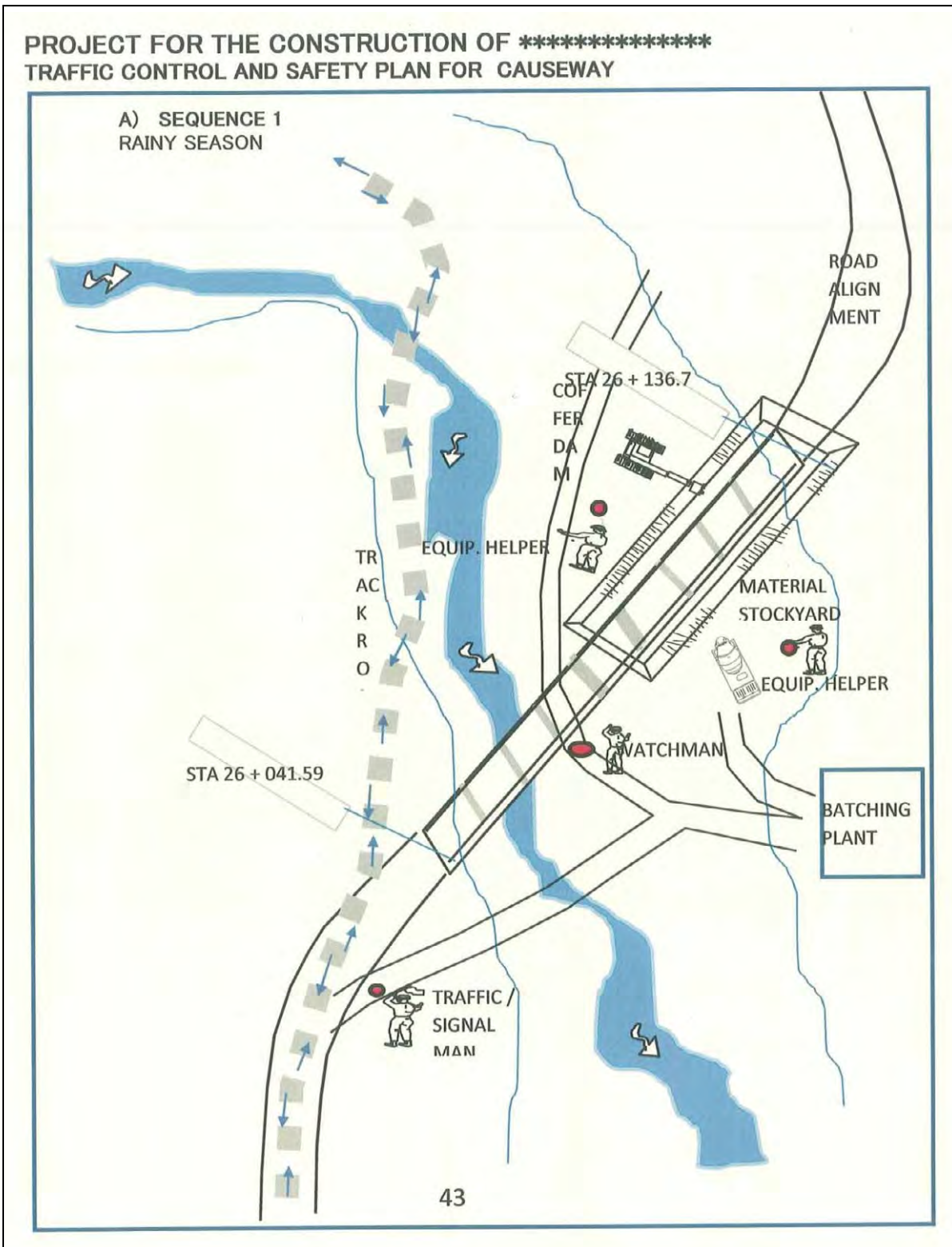
地形、地質上地滑りが発生しやすく、かつ交通事故のもらい事故が起きやすい現場であり、安全管理への配慮がされている。

(2) 具体的事例

事例 7-4-1, 7-4-2 及び 7-4-3 の具体的事例を次ページ以降に掲載する。

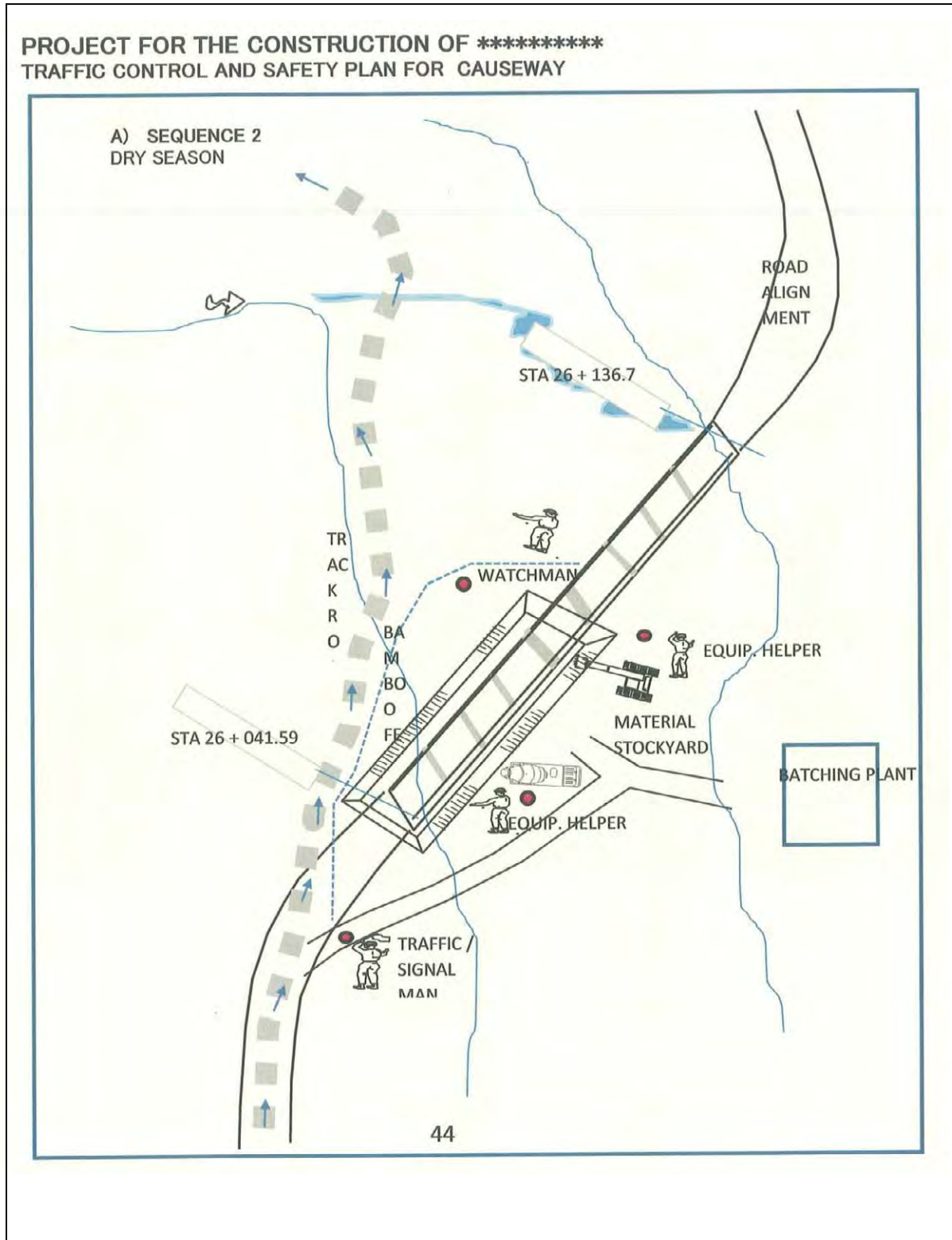
地域との連携等

事例 7-4-1 ①



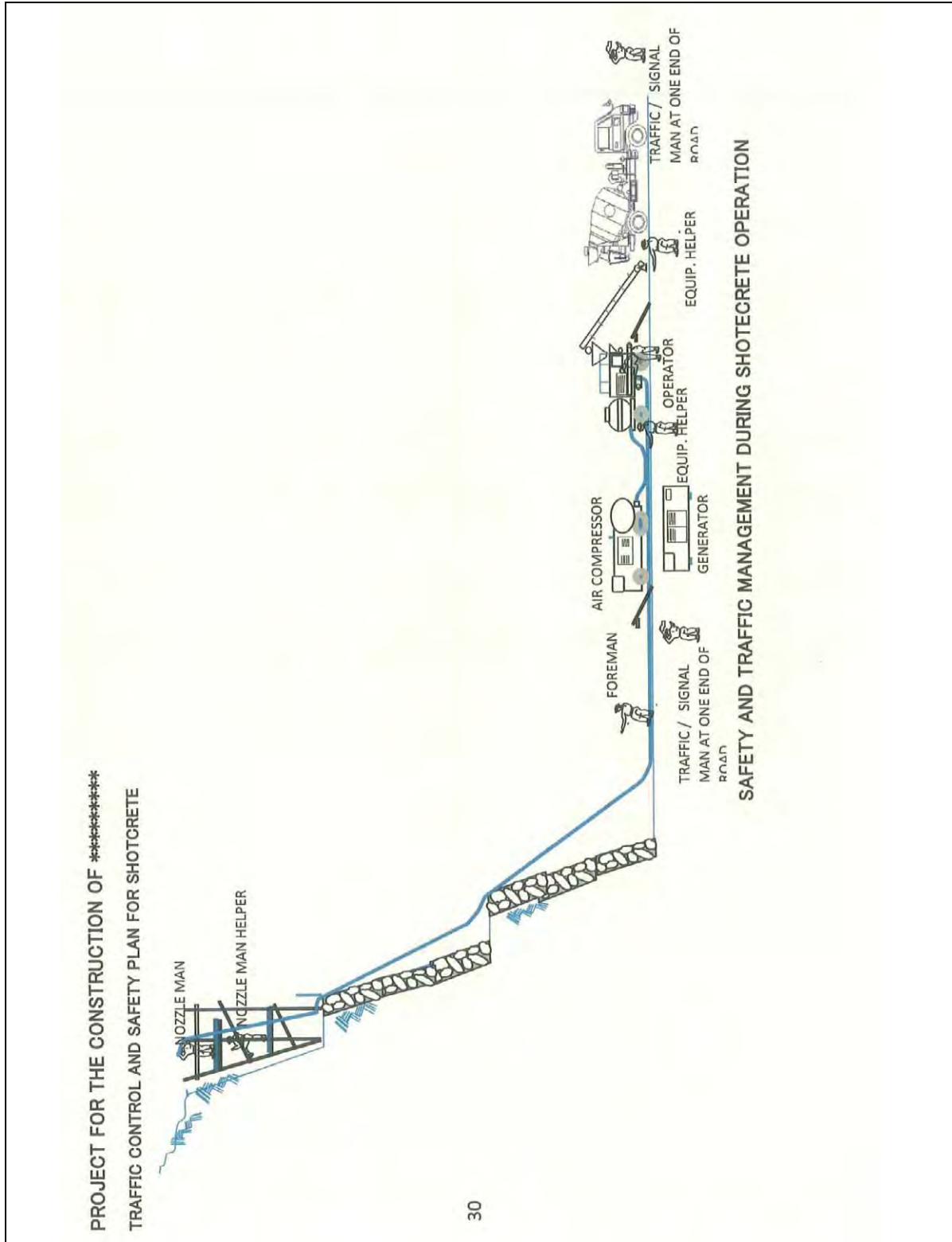
地域との連携等

事例 7-4-1 ②



地域との連携等

事例 7-4-2



地域との連携等

事例 7-4-3

