HSEVerse
KNOWLEDGE • CAREER • SAFETY • ENVIRONMENT

HSE OBSERVATION REPORT FORM	Doc Reference:	THV-HSE-TMP-004
	Revision:	00
FIELD HSE OBSERVATION & CLOSEOUT REPORT		Page 1 of 2

1. OBSERVATION INFORMATION

Observation No.:		**Date & Time:**	____/____/20___ at ____:____
Project / Site:		**Location / Area:**	
Observer Name:		**Company / Dept:**	
Activity / Work Area:		**Shift / Work Hours:**	☐ Day ☐ Night ☐ Other

2. OBSERVATION PRIORITY & CLOSEOUT REQUIREMENT

Priority Level	Required Closeout Target	Select
Low	Within 3 days	[ ]
Medium	Within 2 days	[ ]
High	Within 1 day	[ ]
Immediate	Immediate action required (Stop Work if unsafe)	[ ]

Target Closeout Date: _____

Note: Recommended default closeout targets. Organizations should adjust according to approved HSE procedures, contractual requirements, and actual risk level.

3. OBSERVATION DETAILS & INITIAL EVIDENCE PHOTO

OBSERVATION DESCRIPTION	OBSERVATION PHOTO / EVIDENCE
Describe the observed unsafe condition, unsafe act, environmental issue, positive observation, or other HSE concern. Include exact location and activity where applicable:	[INSERT OBSERVATION PHOTO HERE] (Click or drag photograph here)

Photo Reference No.: _____

4. REQUIRED CORRECTIVE ACTION

Describe the action required to eliminate or control the observed issue:
Responsible Person / Contractor: _____ Target Completion Date: ____/____/20___

5. CLOSEOUT INFORMATION & IMPLEMENTATION DETAILS

CLOSEOUT STATUS: [ ] Open [ ] Closed | Actual Closeout Date: ____/____/20___ | Verified By: _____

CLOSEOUT DETAILS (WHAT WAS DONE)	CLOSEOUT PHOTO / VERIFICATION EVIDENCE
Describe the corrective action completed and how the observation was fully addressed. Explain specific controls implemented (e.g. guardrails installed, repairs completed, briefings conducted):	[INSERT CLOSEOUT PHOTO HERE] (Click or drag photo showing rectified condition)

Closeout Photo Reference No.: _____

6. VERIFICATION & SIGN-OFF

RESPONSIBLE PERSON / ACTION OWNER	HSE / INSPECTOR VERIFICATION
Name: _____	Name: _____
Position: _____	Position: _____
Signature: _____	Signature: _____
Date: ____/____/20___	Date: ____/____/20___

Additional Remarks / Verification Comments:

DISCLAIMER: This template is provided as a practical HSE management aid and should be reviewed and adapted to the organization's activities, applicable requirements, contractual requirements, and site-specific conditions. Closeout priorities and target timeframes should be aligned with the organization's approved HSE procedures.