



## MAGICSOFT ASIA SYSTEMS

Form No:

Rev : 0

### Audit Report Card (ARC)

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**Audit ref. No.** :test

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**Audit Workplace** :test

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**Audit Date & Time** :10/08/2018 16:32

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**Audited by** :1) test

Date of ARC release :

(Lead Auditor)

2)

(Auditor)

3)

10/08/2018

(Auditor)

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**Auditee(s)** :1) test

Date of ARC replay :

2)

3)

4)

5)

10/08/2018

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**Audit Method** :Document Review (DR),

Interview of Personnel (IP),

Physical Inspection (PI)

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**Audit Checklist** :Monthly Corporate WSH Inspection Checklist

(based on WSH (Construction) Regulations 2007), or

:ConSASS Checklists

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#### Notes

Recommended practices to be adopted at all projects are categorized as Good Practices while the areas for further improvement are placed under Inspection Findings (IF) which need appropriate rectification works under Actions Taken (AT). Based on the 5x5 risk matrix, the Risk Levels are worked out and classified as High or Medium or Low with comments for necessary corrective action to be taken. Upon completion of rectification work, this ARC document shall be entered with after-photos at the AT column and submitted to WSH Section and Auditors as well as circulated to Mr Eric Chuah (Director / General Manager), Mr James Robertson – Director (Projects) / Head of Projects and members of project staff at latest by (dd/mm/yyyy) in addition to being filed at Project's File No. 16 for reference.

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**A. Good Practices**

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Location: test

Brief description of good points found

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(Brief description of good points found)



Location:

(Brief description of good points found)

Location:

(Brief description of good points found)

Location:

(Brief description of good points found)

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**A. Physical Inspection (PI)**

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**B.1 Inspection Findings (IF)**

**B.2 Action Taken (AT)**

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**Before-Photo**

**After-Photo**

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Photo No. : 1

Rectification: test

Location: test

Unsafe Act/  
Condition: test

Hazard: test

Risk level : test

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Photo No. : 2

Rectification:

Location: test

Unsafe Act/  
Condition: test

Hazard: test

Risk level : test

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Photo No. :

Rectification:

Location:

Unsafe Act/  
Condition:

Hazard:

Risk level :

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**C. Document Review (DR)**

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S/N	Documents audited	Comment (By Auditor)	Review / Action (By Auditee)
1	test	test	test
2			
3			
4			
5			

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**D. Interview of Person (IP)**

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S/N	Personnel interviewed	Comments (By Auditor)	Review / Action (By Auditee)
1	Name : test IC/Pass No : 1xxx Designation : test Contractor : test	test	test
2	Name :  IC/Pass No:  Designation :  Contractor :		
3	Name :  IC/Pass No:  Designation :  Contractor :		

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