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Type of inspection - mark with an ()	YES) or ring with a circle.
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	30 Day	45	5 day		90 Day		Others			
Date of inspection:		Time of inspection:								
Department/ Section:							-	•		
Working Place:										
	upunes.					/.		RESF	ONSIBLE	D. T. CO. IN IT.

FINDINGS	ACTION TAKEN/ TO BE TAKEN	RESPONSIBLE PERSON	DATE COMPLETE

Safety Officer Name:	Signa	ture:	
M.R. Name:	Signature:	Date:	
Supervisor Name:	Signature:	Date:	
Head of Department:	Signature:	Date:	