

TEAM MEMBER REVIEW

HEALTH & SAFETY SYSTEM

Format No.

Rev. No.
Rev. Date

Date: _____ Department: _____ Unit: _____

Employee ID: _____ Employee Name: _____

EHS Team member Code: _____ Team Leader: _____

Attitude			
Follows Works instructions / S.O.P			
Wearing - PPE, used Safety Equipments			
Safety Rules - Follows			
Learning / Team works / Leadership			
Monthly Attendance	Meeting Attendance	Days Late	Discipline Observed
<i>Recommended permanent Member</i> YES / NO	Team Member Sign.	Dpt. - Manager - Sign.	H.R - Sign.