

UNSAFE ACTS REPORTING

Date of Reporting _____

Department Reporting book No. _____ Serial _____

Reporting by: _____ Department _____

Location where Unsafe acts identified _____

Details points wise - to considered as unsafe acts

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Possible Controls Suggestions

Sign of Employee _____ Date _____

Supervisor Sign _____ Date _____