

Doc No	<b>COR-HSE-CPI-S304</b>
Revision	<b>1.0</b>
Effective Date	<b>27-04-15</b>
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<b>Title</b>	<b>Safety Improvement Opportunity Report</b>
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**PART 1: DETAIL OF PERSON PREPARING REPORT (Maklumat Orang yang Menyediakan Laporan)**

Date of Report (*Tarikh Laporan*): dd / mm / yyyy Time (Masa):

Name of Report Preparer (*Nama Penyedia Laporan; ini*): \_\_\_\_\_

Company (*Syarikat*): \_\_\_\_\_

Position/Department (*Jawatan/Jabatan*): \_\_\_\_\_

Mobile No (*No. Tel. Bimbit*): \_\_\_\_\_

**PART 2: DETAIL OF INCIDENT / HAZARD (Maklumat Kejadian / Bahaya)**

Date of Incident /Hazard Found ( <i>Tarikh Kejadian/Bahaya ditemui</i> ):	_____	Time (Masa):	_____
Nature of Activity ( <i>Aktiviti yang sedang dijalankan</i> ):	_____		
Side of Activity ( <i>Kawasan Aktiviti</i> ):	<input type="checkbox"/> Airside ( <i>Bahagian Udara</i> ) <input type="checkbox"/> Landside ( <i>Bahagian Darat</i> )		
Exact Location ( <i>Lokasi Tepat</i> ):	_____		
Weather Condition ( <i>Keadaan cuaca – jika perlu-if applicable</i> ):	_____		
Name of Leader in-charge ( <i>Nama penyelia aktiviti</i> ):	_____		

Witness Name 1 (*Nama Saksi 1*): \_\_\_\_\_ Witness Phone No (*No. Tel.*): \_\_\_\_\_

**Type of Incident/Potential of Incident** (*Jenis Kejadian/Potensi Kejadian*)

<input type="checkbox"/> Fire ( <i>Kebakaran</i> )	<input type="checkbox"/> Usafe act ( <i>Sikap bahaya</i> )
<input type="checkbox"/> Explosion ( <i>Letupan</i> )	<input type="checkbox"/> Transport Accident ( <i>Kemalangan Kenderaan</i> )
<input type="checkbox"/> Slip Strip Fall ( <i>Tergelincir, Tersandung, Terjatuh</i> )	<input type="checkbox"/> Machinery Accident ( <i>Kemalangan Mesin</i> )
<input type="checkbox"/> Hazard found ( <i>Jumpa bahaya/hazard</i> )	<input type="checkbox"/> Electrocutation ( <i>Renjatan Elektrik</i> )
<input type="checkbox"/> Noise ( <i>Bunyi bising</i> )	<input type="checkbox"/> Spillage/Leakage ( <i>Tumpahan/Kebocoran</i> )
<input type="checkbox"/> Unsafe condition ( <i>Keadaan bahaya</i> )	<input type="checkbox"/> Pollution ( <i>Pencemaran</i> )
<input type="checkbox"/> Others ( <i>Lain-lain</i> ): _____	

**Incident/Hazard Statement** (*Keterangan Mengenai Kejadian*):

Material(s) involved (*Bahan terlibat*): \_\_\_\_\_ Volume (*Isipadu*): \_\_\_\_\_

Facilities (*Kemudahan*): \_\_\_\_\_ Estimated Cost (*Anggaran kos*): \_\_\_\_\_

<b>General damage:</b>	Yes	No	Uncertain
Significant damage	<input type="checkbox"/>	<input type="checkbox"/>	
Significant production interruption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any personal injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ( <i>if yes; you should fill-in HSE-FM-001 instead of this form</i> )

	Yes	No	Uncertain
Effects beyond SATSSB's premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause of incident known?	<input type="checkbox"/>	<input type="checkbox"/>	
Authorities informed?	<input type="checkbox"/>	<input type="checkbox"/>	
Public impact <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	

Potential to re-occur again?  High  Medium  Low

**Corrective / Prevention Action:**

Contact person (available at all times) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Detail attached  Yes  No