

Potential to re-occur again?

High

Medium

Low

Corrective / Prevention Action:

Person In Charge

Contact person (available at all times)

Name:

Phone:

Mobile:

Email:

Detail attached

Yes

No

PART 3: VERIFICATION BY HSE DEPARTMENT (Pengesahan oleh HSE)

Corrective/Preventive Action Completed?

Yes

No

Comments: (If have):

HSE Officer (Signature/ Name/ Date):