|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nomor | | : | | | | | | | | | | | | | | |
| Tanggal terbit | | : | | | | | | | | | | | | | | |
| Hal | | : | | | | | | | | | | | | | | |
| Sumber Pelaporan | | : pesan teks / email / helpdesk K3L / laporan langsung / lainnya (pilih salah satu) | | | | | | | | | | | | | | |
| 1. **KECELAKAAN/INSIDEN** | | | | | | | | | | | | | | | | |
| Tanggal | | : |  | | | | | | **Peralatan Kerja** | | | | | **Material Kerja** | | |
| Waktu | | : |  | | | | | |  | | | |  | | | |
| Jenis Pekerjaan | | : |  | | | | | |
| Lokasi | | : |  | | | | | |
| Area | | : |  | | | | | |
| 1. **KORBAN/KERUGIAN** | | | | | | | | | | | | | | | | |
| **No** | **Nama Korban/Kerugian** | | | | **Unit** | | | **Cedera** | **Penanganan** | | | **Kategori** | | | | |
|  |  | | | |  | | |  |  | | |  | | | | |
| *\*Kategori:*   * ***Ringan*** *(Cedera ringan, dapat segera bekerja)* * ***Sedang*** *(Memerlukan pertolongan medis)* * ***Berat*** *(Memerlukan rujukan medis,cacat sementara/tidak bisa bekerja lebih dari 3 hari),* * ***Fatal*** *(Cacat permanen, Kematian). Apabila insiden tidak memakan korban maka tidak perlu diisi.* | | | | | | | | | | | | | | | | |
| 1. **INVESTIGASI KECELAKAAN/INSIDEN** | | | | | | | | | | | | | | | | |
| Kronologi: | | | | | | | | | | | | | | | | |
| 1. **PERBAIKAN & PENCEGAHAN** | | | | | | | | | | | | | | | | |
| **Tindakan Perbaikan** | | | | **Target** | | **Rencana Tindakan Pencegahan** | | | | **Target** | | | | | **Wewenang** |
|  | | | |  | |  | | | |  | | | | |  |
| *\*Isi* ***Tindakan Perbaikan*** *dan* ***Rencana Tindakan Pencegahan****,* ***Target*** *(waktu),* ***Wewenang*** *(bagian/petugas yang berwenang untuk melaksanakan rencana tindakan)* | | | | | | | | | | | | | | | | |
| **Mengetahui,**  **Ketua K3L** | | | | | | | **Disusun oleh,**  **Safety Officer** | | | | **Pelapor,** | | | | | |
|  | | | | | | |  | | | |  | | | | | |
| Nama : | | | | | | | Nama : | | | | Nama : | | | | | |
| Tanggal: | | | | | | | Tanggal: | | | | Tanggal: | | | | | |