|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nama Korban | | | | : | ${firstname} | | | | | | |
| Jenis Pekerjaan | | | | : |  | | | | | | |
| Lokasi Kejadian | | | | : |  | | | | | | |
| Tanggal Kejadian | | | | : |  | | | | | | |
| **PEMAKAIAN APD** | | | | | | | | | | | |
| APD yang digunakan | | | | : | - | | | | | | |
| Kesesuaian dengan Pekerjaan | | | | : | Ya | | | | Tidak | | |
| **PELAKSANAAN SOP / MODUL** | | | | | | | | | | | |
| Judul SOP | | | | : | - | | | | | | |
| No. SOP | | | | : | - | | | | | | |
| Revisi SOP | | | | : | - | | | | | | |
| Kesesuaian dengan Pekerjaan | | | | : | Ya | | | | Tidak | | |
| **KONDISI AREA INSIDEN** | | | | | | | | | | | |
| Kebersihan Area Kerja | | | | : | Ya | | | | Tidak | | |
| Kerapihan Area Kerja | | | | : | Ya | | | | Tidak | | |
| **Alat / Bahan yang digunakan** | | | | | | | | | | | |
| **Peralatan** | | | | | | **Bahan / Material** | | | | | |
|  | | | | | | **-** | | | | | |
| Apakah peralatan dalam keadaan baik? | | | | | | | : | Ya | | | Tidak |
| Apakah peralatan / Bahan yang digunakan sesuai pekerjaan? | | | | | | | : | Ya | | | Tidak |
| **PENJELASAN INSIDEN** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **ANALISA AKAR MASALAH INSIDEN** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Tanda Tangan Pelapor | | | : | | | Tanda Tangan Unit K3L | | | | : | |
| Koreksi : | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Tindakan Korektif : | | | | | | | | | | | |
| - | | | | | | | | | | | |
| Nilai Kerugian : | - | | | | | | | | | | |
| Evaluasi Koreksi dan Tindakan Korektif : | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Tanda Tangan Kepala Unit K3L | | : | | | | Tanda Tangan Top Manajemen | | | | : | |
| Insiden Ditutup : | | | | | | Ya | | | | Tidak | |

**LAMPIRAN**