



LAPORAN BAHAYA

Nama Pelapor/Reporter Name Daryman P.		INX Ref No. (INX Event No.)
Tanggal Date	: 28/9 2025.	Waktu Time
Dept. Penanggung Jawab/Responsible Dept.	Maintenance	Pengawas Area/Supervisor Area Irwani Muslimin
Lokasi Location	UG RL 100.	
Rincian Bahaya/Hazard details OPERATOR TIDAK MENGUNAKAN KACA MATA SAFETY DAN OPERATOR SENERA MEMAKAI KACA MATA		
Tindakan Perbaikan Langsung/Immediate corrective actions MEMINTA OPERATOR UNTUK SENERA MEMAKAI KACA MATA SAFETY.		
Tindakan Perbaikan yang disarankan/Suggested corrective actions MENINGATKAN KE OPERATOR AGAR SELALU MEMAKAI KACA MATA SAFETY SARI KAJI DI UNDERGROUND.		

**LAPORAN BAHAYA**Penilaian Risiko/*Risk Assessment*

(Diisi oleh pengawas/*Completed by Supervisor*)

Kemungkinan/ <i>Probability</i> :		Tingkat Risiko/	
Konsekuensi/ <i>Consequence</i> :		<i>Risk Rank</i>	

Tindakan perbaikan yang dilakukan/Corrective Actions Suggested

[illegible]

Komentar/Comments

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Tanda Tangan Pengawas/ <i>Supervisor's Signature</i>	Tanggal/ <i>Date</i>	28/9/20
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