



## LAPORAN BAHAYA

Nama Pelapor/Reporter Name	INX Ref No.(INX Event No.)
Amzar Haukhal Papunggo	
Tanggal Date : 02/10/25	Waktu Time : 19.00
Dept. Penanggung Jawab/Responsible Dept. Minim	Pengawas Area/Supervisor Area Acang
Lokasi Location : Pl. 120	

### Rincian Bahaya/Hazard details

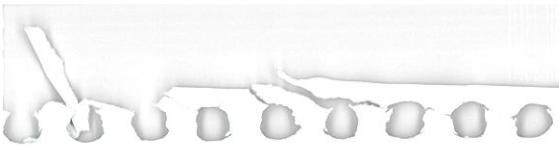
Sampah Medis berimbunyan

### Tindakan Perbaikan Langsung/Immediate corrective actions

Kumpulkan sampai tempat dan barang

### Tindakan Perbaikan yang disarankan/Suggested corrective actions

Clean up Setelah bekerja



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### Penilaian Risiko/Risk Assessment

Disisi oleh pengawas/Completed by Supervisor

Kemungkinan/Probability :		Tingkat Risiko/ Risk Rank :	
Konsekuensi/Consequence:			

### Tindakan perbaikan yang dilakukan/Corrective Actions Suggested

(Leave blank if no corrective actions are required)

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### Komentar/Comments

(Leave blank if no comments are provided)

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### Diselesaikan oleh/Close out Report by

Tanda Tangan Pengawas/ Supervisor's Signature :		Tanggal/ Date :	
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