

**Title Safety Improvement Opportunity Report**

**PART 1: DETAIL OF PERSON PREPARING REPORT (Maklumat Orang yang Menyediakan Laporan)**

Date of Report (Tarikh Laporan):	Time (Masa):
Name of Report Preparer (Nama Penyedia Laporan;ini):	
Company(Syarikat):	
Position/Department (Jawatan/Jabatan):	
Mobile No (No. Tel. Bimbit):	

**PART 2: DETAIL OF INCIDENT / HAZARD/ NEAR MISS (Maklumat Kejadian / Bahaya/Near Miss)**

Date of Incident /Hazard Found (Tarikh Kejadian/Bahaya ditemui):	Time (Masa):
Nature of Activity (Aktiviti yang sedang dijalankan):	
Side of Activity (Kawasan Aktiviti):	<input type="checkbox"/> Landside (Bahagian Darat) <input type="checkbox"/> Others:
Exact Location (Lokasi Tepat)	
Name of Leader in-charge (Nama penyelia aktiviti)	
Witness Name 1 (Nama Saksi 1):	Witness Phone No (No. Tel.):

<b>Type of Incident/Potential of Incident</b> (Jenis Kejadian/Potensi Kejadian)	<input type="checkbox"/> Fire (Kebakaran)	<input type="checkbox"/> Unsafe act (Sikap bahaya)
	<input type="checkbox"/> Explosion (Letupan)	<input type="checkbox"/> Transport Accident (Kemalangan Kenderaan)
	<input type="checkbox"/> Slip Strip Fall (Tergelincir, Tersadung, Terjatuh)	<input type="checkbox"/> Machinery Accident (Kemalangan Mesin)
	<input type="checkbox"/> Hazard found (Jumpa bahaya/hazad)	<input type="checkbox"/> Electrocutation (Renjatan Elektrik)
	<input type="checkbox"/> Noise (Bunyi bising)	<input type="checkbox"/> Spillage/Leakage (Tumpahan/Kebocoran)
	<input type="checkbox"/> Unsafe condition (Keadaan bahaya)	<input type="checkbox"/> Pollution (Pencemaran)
	<input type="checkbox"/> Others (Lain-lain): _____	

<b>Incident/Hazard Statement</b> (Keterangan Mengenai Kejadian):
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Material(s) involved (Bahan terlibat):	Volume (Isipadu):
Facilities (Kemudahan):	Estimated Cost (Anggaran kos):

<b>General damage:</b>	Yes	No	Uncertain
Significant damage	<input type="checkbox"/>	<input type="checkbox"/>	
Significant operation interruption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any personal injury?	<input type="checkbox"/>	<input type="checkbox"/>	(if yes; full incident investigation should be conducted)

	Yes	No	Uncertain
Effects beyond SATSSB's premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause of incident known?	<input type="checkbox"/>	<input type="checkbox"/>	
Authorities informed?	<input type="checkbox"/>	<input type="checkbox"/>	
Public impact <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	

Potential to re-occur again?	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
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Note: For any incident or hazard that involved personal injury, total property loss more than MYR 500, significant interrupt on company operation or aviation services, environmental release more than 1kg of harmful material(s), dangerous occurrence (had potential to cause serious impact on life, property and operation) and incident that had medium or high potential to re-occur need to use HSE-I307 form and detail incident investigation need to be conducted.

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**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):**

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