



OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT SYSTEM

TITLE	SUGGESTION FOR IMPROVEMENT		
REFERENCE NO.		ISSUE NO :	PTSS-L4-PRO4-F01
EFFECTIVE DATE:	01.01.2016	REV. NO :	PAGE 1 OF 1

ITEMS 1 TO 6 MUST BE FILLED BY ORIGINATOR

SFI NO : _____

Quality Health, Safety & Environment

- Date: _____
- a) Originator: _____ b) Department: _____
- Location / Equipment / Document: _____
- Description / Issue: _____

5. Originator Propose Solution / Suggestion:

6. Originator Proposed Priority: _____

FOR MANAGER/ HOD (QUALITY) / OSHE COMMITTEE (OSHE) USE ONLY
--

- Date of Review: _____
- Recommendations: _____

Date	Action

FOR SAFETY & HEALTH CHAIRMAN OR MANAGING DIRECTOR ONLY

- Date of Review: _____
- Recommendations: _____

_____ Date _____ Sign

Note:
Priority : **A** – Immediate **B** – Within 30 Days **C** – Within 90 Days **D** – Suggestion Only

E – Long Term Plan (Management Programme) <Please use attachment if written space insufficient>
