



The Government of the Republic of Trinidad and Tobago

MINISTRY OF EDUCATION

PROACTIVE REPORT FORM

Effective Date: 01/06/18	Form No: HSEform01
Version: 02	Approved By: Permanent Secretary

Please provide a brief description of the unsafe act/condition:

School/Division/Unit:	Location:
Date unsafe act/condition observed:	
Name of Person providing report:	District:

Other Factors - tick (✓) all that apply

<input type="checkbox"/>	No guard rails	<input type="checkbox"/>	<input type="checkbox"/>	Cluttered floors
<input type="checkbox"/>	Inadequate guards	<input type="checkbox"/>	<input type="checkbox"/>	Blocked aisles
<input type="checkbox"/>	Lack of guards	<input type="checkbox"/>	<input type="checkbox"/>	Blocked fire exits
<input type="checkbox"/>	Power lines	<input type="checkbox"/>	<input type="checkbox"/>	Poor housekeeping
<input type="checkbox"/>	Defective equipment	<input type="checkbox"/>	<input type="checkbox"/>	Overloaded trolleys
<input type="checkbox"/>	Damaged equipment	<input type="checkbox"/>	<input type="checkbox"/>	Overloaded vehicles
<input type="checkbox"/>	Equipment failure	<input type="checkbox"/>	<input type="checkbox"/>	Lack of personal protective equipment
<input type="checkbox"/>	Improper illumination	<input type="checkbox"/>	<input type="checkbox"/>	Horseplay
<input type="checkbox"/>	Too much lighting	<input type="checkbox"/>	<input type="checkbox"/>	Other (please indicate)
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

What recommendations can be made to rectify the problem?

Supervisor: _____

Date received: _____

H&S Rep: _____

Date received: _____