

SBI FACILITY SAFETY REPORT

Page ____ of ____

Date: _____, 20____

From: _____, SBI Safety for NPC

| <i>Name</i> | <i>Position / Company</i> |
|-------------|---------------------------|
| To: _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please be advised that SBI HSE has identified important safety concerns which require your immediate attention. The description of the specific location, Contractor(s) involved and recommended corrective actions for your consideration are as follows:

Location: _____

Contractor(s): _____

Details:

Follow-up by (Name & Date):

| <i>Name</i> | <i>Company</i> | <i>Action Date</i> | <i>Action Date Comp.</i> |
|-------------|----------------|--------------------|--------------------------|
| | | | |
| | | | |
| | | | |

c.c.

_____ General Director, _____ Co.

_____ Construction Manager, _____ Co.

_____ Zone Corporate Safety Officer Safety Boss Inc.