

IMPROVEMENT OPPORTUNITY REPORT (IOR)

1. REPORT DETAILS - Originator to complete

| | | |
|--|---|--|
| <input type="checkbox"/> Environment | <input type="checkbox"/> Safety | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> NON CONFORMANCE | <input type="checkbox"/> COMPLAINT | |
| <input type="checkbox"/> IMPROVEMENT OPPORTUNITY | <input type="checkbox"/> POSITIVE RECOGNITION | |
| Raised By: | Date: | |
| Description – Describe the issue, event or improvement identified? | | |
| | | |
| Root Cause - Has the root cause been identified? - Provide details. | | |
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| | | |

2. CORRECTIVE ACTIONS

| What action is required to eliminate cause or prevent further recurrences? Priority: A (Urgent ASAP) B (Within 7 days) C (Within 30 days) D (Within 60 days) | Priority | Responsibility | Date Completed |
|---|---|----------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| Actions approved by: | Date person responsible for actions notified: | | |
| SEC notified and IOR Number assigned: | Date communication back to the IOR originator: | | |

3. MANAGEMENT REVIEW - Manager to complete

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|---|--------------|
| Identify the results of action taken: Was the action effective in addressing cause? If No, what action is taken? | |
| | |
| Manager Signature: | Date: |

4. MANAGER SHE REVIEW - Steps 1, 2 & 3 to be completed prior to Manger SHE review.

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|------------------------------|-------------|---------------|
| Date communicated to: | | |
| EHS committee: | ERC: | Other: |
| Manager SHE: | | Date: |

5. CLOSE OUT

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| How has the IOR corrective actions been reviewed? Are the controls effective? |
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| Other Comments: |
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