|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **RILEVAZIONE EVENTO:** | | | SITUAZIONE PERICOLOSA | | ❑ | | NON CONFORMITA’ | ❑ | |  | | | | | | | | | | **Sede/luogo accadimento** | |  | |  | | **causa** | | | |  | |  | |  | | ⭘⭘⭘⭘ | 1. attività dell’operatore2. attività di terzi3. uso di materiali4. ambiente di lavoro | | | | **Area specifica**  **(ufficio, capannone, laboratorio, ecc.)** | |  | |  | | |  | |  | |  | | |  | |  | |  | | | **descrizione dell’accaduto** | | | | | | | | | | |  | | | | | | | | | | | **possibili cause** | | | | | | | | | | |  | | | | | | | | | |   **Modello SEGNALAZIONE non conformità e ANOMALIE DI FUNZIONAMENTO E/O ROTTURE DI MACCHINARI AUTOVETTURE ED IMPIANTI**  **Se la “non conformità” riguarda in particolare**  **ANOMALIE DI FUNZIONAMENTO E/O ROTTURE DI MACCHINARI AUTOVETTURE ED IMPIANTI**  **compilare anche la scheda seguente:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **scheda n.** |  |  | data | data |  | ora |  | | | | | | |
|  | | | | | |
| **Sede/luogo accadimento** | |  |  |  | |
|  | |  |  |  |  | |
| **Area specifica**  **(ufficio, capannone, laboratorio, ecc.)** | |  |  |
|  | |  |  |
|  | |  |  |
|  | | | | | | | |
| \***Operatore:**  **Data di inizio dell’attività che ha dato origine al malfunzionamento:** | | | | | | | | |
| **Descrizione dell’anomalia/problema riscontrato:** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Scheda compilata dal Lavoratore |  | firma |  |

\* nominativo utilizzatore attrezzatura