Form completed by: Department:

A.C.T.I.O.N.
Awareness Change Teach Initiate Observe Notify

Date: Time: Location:

Action type: □ Positive Observation □ Recommendation □ Near Miss □ Hazard □ Other

Division: □ Calgary □ Nisku □ Regina □ Fort St. John

Comment: (what did you identify to report?)

Reported to: (what action did you take?)

Corrective action: (how did you rectify the problem? what would you recommend?)

Thank you for using the Enform ACTION card. Please discuss this issue with your Manager and then forward your completed card to
the Health & Safety Training Administrator in person or by email to **HSE@enform.ca**.

**Internal Only**

Follow up:

Assigned To: Date Completed: