Rapid Access
A LOXAM Company

Stop Work Authority Reporting Form

Stop Work Initiation Details TEST FORM JUST TESTING -			
Date:		**Time**	
Employee's Name		**Depot:**	
Stop Work Authority issued to? (Name & Position)			
Line manager's name:		**Line manager informed**	**Yes or No?**
Location			
Description of work being performed:			
Description of the unsafe work activity or safety hazard(s)?			
Did they stop and followed your instructions?		**Yes or No?**	
Immediate Corrective Action(s) Taken:			

For Safety department use only:		
Form Received on:	**Date:**	**Time:**

Submit