

VT-10

ANYMOUSE

DATE: _____

TIME _____

NATURE OF UNSAFE PRACTICE

SIGNATURE _____ (OPTIONAL)

PLACE IN ANYMOUSE BOX AT BOTTOM OF LADDERWELL (BY MX CONTROL)

RECOMMENDED CORRECTIVE ACTION

- SAFETY OFFICER

- OPSO

- XO

- CO

- RETURN TO SAFETY BOARD

SERIAL NUMBER _____