



Reference No.: BatStateU-FO-EMU-01

Effectivity Date: January 3, 2017

Revision No.: 00

Title: UNIFIED CONCERN AND ACTION REQUEST FORM (UCARF)

Control No.: UCARF-20____-_____

I. FOR CLIENT ONLY

Name		Campus	BatStateU-
Designation		Office/Dep't	
Recommending Supervisor		Contact No.	
Details of Concern and Issues		Suggested Action/Control Measures	
1. _____		1. _____	
2. _____		2. _____	
3. _____		3. _____	
4. _____		4. _____	
Supporting Papers Presented	1. Photo <input type="checkbox"/> 2. Document <input type="checkbox"/> 3. Electronic <input type="checkbox"/> 4. Others <input type="checkbox"/> _____		
Purposes	a. Environment <input type="checkbox"/> b. Safety <input type="checkbox"/> c. Health <input type="checkbox"/> d. Others <input type="checkbox"/> _____		
Client's Signature		Date	
Supervisor's Signature		Date	



II. FOR EMU PERSONNEL ONLY

Attended by:		Noted by:	
Designation		Designation	
File Storage		Remarks	
E-File Name			
Signature		Signature	

III. CERTIFICATION

I/We hereby certify that the concern indicated above has potential impacts on environment, health, safety or other conditions and that must be corrected/resolved as soonest as possible. The signature appended signifies the concern for immediate action, budget allocation request, and continual development move.

I/We hereby certify that actions suggested and other applicable control measures not stated must be acted upon by the office with jurisdiction.

IV. ACTIONS

Details		Date completed	
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Tracking Number: _____