

	Reference No.: BatStateU-FO-EMU-01	Effectivity Date: January 3, 2017	Revision No.: 00
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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. _____ 2. _____ 3. _____ 4. _____		1. _____ 2. _____ 3. _____ 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:	Ms. SARAH JANE C. FRAGADA	Noted by:	Engr. DIOSA MARIE M. AGUILA
Designation	Admin Aide VI	Designation	Director, EMU
File Storage	UNIFIED CONCERN AND ACTION REQUEST FORM	Remarks	Subject to approval of budget, availability of workers, and project prioritization.
E-File Name	D:\EMU\4FORMS\1ISO EMU FORMS NEW\01_UCARF		
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: _____