

# Operator Machine Stoppage Report Sheet

Date

Shift

Line/Area

Machine Name/No.

Operator Name

Supervisor Name

Report No.

Sl No	Stoppage Start Time	Stoppage End Time	Total Duration (min)	Reason of Stoppage	Action Taken	Remarks
1	<input type="text"/>	<input type="text"/>	<input type="text" value="Min"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text" value="Min"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text" value="Min"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text" value="Min"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Completed By

Date

Checked By

Date