

Operator Machine Stoppage Report Sheet

Date

Shift

Enter Shift

Line/Area

Enter Line/Area

Machine Name/No.

Enter Machine Name/No.

Operator Name

Enter Operator Name

Supervisor Name

Enter Supervisor Name

Report No.

Enter 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"/> Min	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/> Min	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/> Min	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/> Min	<input type="text"/>	<input type="text"/>	<input type="text"/>

Completed By

Name/Signature

Date

Checked By

Name/Signature

Date