CARE Card Number _____



# CARE CARD

**PART A – General**

Name of Observer SCOTT LESTER

Company TULLOW

Location MESS ROOM Time 1300 Date 28/7/15

**PART B – Type of Observation**

☑ Positive ☐ Substandard/Hazard ☐ Improvement

**PART C – Observation Target**

☑ People/Acts ☐ Asset/Equipment

☐ Condition ☐ Quality – Procedure/System

☐ Environmental

**PART D – Description of Observation**

GOOD QUALITY FOOD PROVIDED

- NOTE FROM MINISTER BUAH

Please complete Parts (A) through (E) of this card and give to your supervisor

MODEC