

Work Improvement / Good Catch Program

Project Name		Person Reporting Good Catch	
Division		Phone Number	
Foreman's Name		Where did this happen?	

Process Issue ☐

Safety Issue ☐

Describe the Good Catch / Situation:
Why do you think this happened?
What you did to solve the issue and suggestions on how to prevent this in the future: (Procedures, Process, Communication, Tools, ect.)
Additional Involved Employees

Form Completed by: _____

Date: _____