

Material Issue Requisition

Ref No : _____

Date : _____

Team : _____

NO	Item Name	Specification Details For Exam. Size/Spec/Maker Etc	Unit	Qty	Take-Out		Remarks
					Date	Check	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

Prepared By: _____ (Name/Signature)

Confirmed By: _____ (Name/Signature)
Team Assistant Manager

Approved By: _____
(Admin Assistant Manager)

Confirmed By: _____ (Name/Signature)
Team Chief Manager

Approved By: _____
(Admin Chief Manager)

Received By: _____

Issued by Warehouse:

Superintendent: _____

PACK MEAL REQUEST

Department: _____

Review By: _____

Admin Staff

Request By: _____

Approved By: _____

Approved By: Chang Woo LEE

Welfare Coordinator

SUBJECT: EXPECTED PACKMEAL REQUEST ON	Date: _____	
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HIGHLAND Camp												
BREAKFAST												
SENIOR (1x1)			JUNIOR (1x2)				WORKER (6x1)					
MEALS	KOREAN/ETC		MEALS	FILIPINO	INDIAN	ARAB	MEALS	PAKISTANI	INDIAN	ARAB		
RESIDENT			RESIDENT				RESIDENT					
LUNCH												
SENIOR (1x1)			JUNIOR (1x2)				WORKER (6x1)					
MEALS	KOREAN/ETC		MEALS	FILIPINO	INDIAN	ARAB	MEALS	PAKISTANI	INDIAN	ARAB		
RESIDENT			RESIDENT				RESIDENT					
DINNER												
SENIOR (1x1)			JUNIOR (1x2)				WORKER (6x1)					
MEALS	KOREAN/ETC		MEALS	FILIPINO	INDIAN	ARAB	MEALS	PAKISTANI	INDIAN	ARAB		
RESIDENT			RESIDENT				RESIDENT					

Western Camp 2												
BREAKFAST												
SENIOR (1x1)			JUNIOR (1x2)				WORKER (6x1)					
MEALS	KOREAN/ETC		MEALS	FILIPINO	INDIAN	ARAB	MEALS	PAKISTANI	INDIAN	ARAB		
RESIDENT			RESIDENT				RESIDENT					
LUNCH												
SENIOR (1x1)			JUNIOR (1x2)				WORKER (6x1)					
MEALS	KOREAN/ETC		MEALS	FILIPINO	INDIAN	ARAB	MEALS	PAKISTANI	INDIAN	ARAB		
RESIDENT			RESIDENT				RESIDENT					
DINNER												
SENIOR (1x1)			JUNIOR (1x2)				WORKER (6x1)					
MEALS	KOREAN/ETC		MEALS	FILIPINO	INDIAN	ARAB	MEALS	PAKISTANI	INDIAN	ARAB		
RESIDENT			RESIDENT				RESIDENT					

Western Camp 3												
BREAKFAST												
SENIOR (1x1)			JUNIOR (1x2)				WORKER (6x1)					
MEALS	KOREAN/ETC		MEALS	FILIPINO	INDIAN	ARAB	MEALS	PAKISTANI	INDIAN	ARAB		
RESIDENT			RESIDENT				RESIDENT					
LUNCH												
SENIOR (1x1)			JUNIOR (1x2)				WORKER (6x1)					
MEALS	KOREAN/ETC		MEALS	FILIPINO	INDIAN	ARAB	MEALS	PAKISTANI	INDIAN	ARAB		
RESIDENT			RESIDENT				RESIDENT					
DINNER												
SENIOR (1x1)			JUNIOR (1x2)				WORKER (6x1)					
MEALS	KOREAN/ETC		MEALS	FILIPINO	INDIAN	ARAB	MEALS	PAKISTANI	INDIAN	ARAB		
RESIDENT			RESIDENT				RESIDENT					

REMARKS: PLEASE ATTACHED NAME LIST

DAEWOO E&C

RUWAI'S REFINERY EXPANSION PROJECT

ABU DHABI BUS TRIP NAME LIST

TIME: 8:00am -5:00 pm From camp to Abu Dhabi-Abu Dhabi to Camp

Department:

TRIP SCHEDULE DATE:

C.N.	NAME	JOB DESCRIPTION	LAST SCHEDULED	REMARKS
1				
2				
3				
4				
5				
6				
7				
8				
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12				
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14				
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20				
21				
22				

DEPARTMENT MANAGER

PREPARED BY:

From Section to Clinic

REQUEST FOR MEDICAL TREATMENT

Date : _____

Time Sent to Clinic : _____

Name of patient : _____

Badge No: _____

Trade : _____

Section : _____

The Bearer is an employee of the company who has reported sick. Please give him or her all necessary medical attention and send your report to the department head.

Reported complaints (for purpose of reference only)

Department head signature: _____

From Clinic to Section

MEDICAL INFORMATION

Date : _____

Name of Patient: _____

Time attended to : _____

Trade : _____

Badge no : _____

Supervisor's/Foreman's Name: _____

Section : _____

MEDICAL REPORT AND RECOMMENDATION(This report must be sent to the patient's department head irrespective of doctor's/nurse's findings.If patient requires sick off duty,a copy must be sent to Admin.Dept. for necessary information and action.)

Doctor's /Nurse's Signature: _____

DAEWOO E&C

Site : Ruwais Refinery Expansion Project

Staff		Manager	P.M.

<input type="checkbox"/>	Application Form for Outside Duty		
<input type="checkbox"/>	Application Form for Personal Activities Outside Camp/Site		
1 Name		2. Vehicle Number	
		Driver Name	
3 Date	2010 . . . ~ 2010 . . .	Time	
4 Destination			
5 Objective			

Received By: Administration Manager