

NATIONAL ROAD EMERGENCY RESPONSE (NaRER)



Rev 1

FORM B
TERMINATION NOTICE

DATE : _____ TIME : _____

TO : NaRER – MANAGER ON DUTY FAX NO : +603 50219281
E-MAIL : narer@cicm.org.my

CC : _____ FAX NO : _____

FROM : _____
(PIC)

COMPANY : _____

SUBJECT: TERMINATION NOTICE

LEVEL TO BE TERMINATED LEVEL 2
(PLEASE ✓) LEVEL 3

IN REFERENCE TO THE ACTIVATION DATED:	
DATE : _____	TIME : _____

THIS NOTICE SERVES TO INSTRUCT THAT THE SERVICE ABOVE IS NOW OFFICIALLY TERMINATED.

DATE OF TERMINATION:..... TIME:.....

ALL ACTIVITIES RELATED TO THE INCIDENT SHOULD NOW CEASE. PLEASE ENSURE THAT ALL MANPOWER AND EQUIPMENT MOBILISED AS PART OF THE RESPONSE BE STOOD DOWN.

PLEASE ACKNOWLEDE RECEIPT OF MESSAGE BY PHONE OR RETURN FAX TO THE UNDERSIGNED.

THANK YOU,

AUTHORISED BY;

RECEIVED BY NaRER DUTY MANAGER;

PIC NAME:
MOBILE NO.
E-MAIL:
DATE:
TIME:

NAME:
MOBILE NO.:
E-MAIL:
DATE:
TIME: