**Schedule G– Contingency Event Record**

[Insert Name of participant]……………..Month ………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Date of Event | Time of Event | Nature of | Action taken | Time of Rectification |
| Problem |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

Submit this report at the end of each month to the UNISS Help Desk at uniss\_Helpdesk@bou.or.ug Signed for and behalf of ……………………………….

By the duly authorized Signatories

Name …………………………………..…………… Designation……………………………………….

Signature

Name …………………………………..…………… Designation……………………………………….

## Signature