

# Incident investigation

Minor/Major/Near miss Incident / Accident

Format No.:

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| Department / Branch/ and exact place (Division) where the ACCIDENT or the dangerous occurrence happened. |
| Date, hour, shift of Accident or Dangerous occurrence  |
| Injured Persons Name & occupation  |
| Injured Person's ( A ) Sex & Age   |
| Environmental incident   |
| Type of Incident :-<br>( Near miss/ Minor Injury / Dangerous / Fetal occurrences / fire incidences)      |
| Nature of Injury / Illness   |
| Body Part ( Left / Right )   |
| Whether first aid given.   |
| If contractor, Name & Address of Contractor  |
| Description of Incident / Accident occurred  |
| If caused by machinery – Name  |

# Incident investigation

Minor/Major/Near miss Incident / Accident

Format No.:

Name of the persons who witnessed the Accident & who can explain the cause of the Accident.

Root cause:

Corrective / Preventive action to avoid such type of Accident / Incident in future.

Corrective / Preventive action:

- Target Date
- Actual Date

Responsibility :

| Witness Signature | In charge – Safety | Management Representative |
|-------------------|--------------------|---------------------------|
|                   |                    |                           |