



# EQUIPMENT INCIDENT REPORT

FORMAT NO.

Date of Incident		Equipment Name			
Equipment ID		Equipment manufacturer		Supplied By	
Installation Date	Service Frequency	Recent Service Date	Serviced By & Signature		Manager Maintenance Signature
Location at Used		Incident Reported by		Equipment Operator Name	
Incident Description					Person Injured?
					Environmental Effect?
Description, if any injury / Environmental Effect					
Root Cause of Incident					
Correction Actions		Corrective Actions		Preventive Actions	
Operator Statement			Witness Name & Statement		
Safety office Signature		Manger - Works		Management Rep.	General Manager