GLASS INCIDENT REPORT

HEALTH & SAFETY (OHSAS 18001)

FORMAT NO.:

DATE & TIME	INCIDENT NUMBER	LOCATION AREA

GLASS PRODUCT NAME				
TYPE OF GLASS		CATEGORY		
DESCRIPTION OF INCIDENT				
IS THEDE ANY INITIDY HADDEN? NAME OF DESON / DETAILS HOW FEEE/TED?				
IS THERE ANY INJURY HAPPEN? – NAME OF PESON / DETAILS HOW EFFECTED?				
ACTIONS :				
ROOT CAUSE ANALYSIS:				
CORRECTIVE / PREVENTIVE ACTIONS:				
AREA MANAGER SIGN.	HEALTH & SAFE	TTY - OFFICER		
ARLA MANAULI SIGN.				
Roth Responsible persons signed mean area is	cleaned safe and resume for	c further operations		
Both Responsible persons signed mean area is cleaned, safe and resume for further operations.				