

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 THERE ANY INJURY HAPPEN? - NAME OF PESON / DETAILS HOW EFFECTED?

ACTIONS :

ROOT CAUSE ANALYSIS:

CORRECTIVE / PREVENTIVE ACTIONS:

AREA MANAGER SIGN. HEALTH & SAFETY - OFFICER

Both Responsible persons signed mean area is cleaned, safe and resume for further operations.