

Format No.:

Legal reference Form No.:

# INCIDENT REPORT FORM

Incident Report Form No. :

Incident Report Form Date:

## TYPE OF INCIDENT

Environmental Incident - Description

Health &amp; Safety Incident - Description

*Please Specify Type of Incident*

Department / Branch/ and exact place(Division) where the ACCIDENT or the dangerous occurrence happened

Date, hour, shift of Accident or Dangerous occurrence

Name of Person

Occupation

Working at

Part of Injury on body

Type of Injury

If Fetal – Describe

- Near Miss
- Minor Injury
- Fetal Occurrences
- Others

First Aid Details

Facts behind – Incident

Root Cause

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

REPORT PREPARED BY &amp; SIGNATURE

DATE