

MACHINE INCIDENT FORM

FORMAT NO.

MACHINE INCIDENT NO	MACHINE INCIDENT DATE	TIME	MACHINE ID

MACHINE NAME	MACHINE LOCATION / AREA / UNIT

MACHINE OPEARTOR & HELPER NAME	CURRENT OPERATION

DESCRIPTION INCIDENT

ANY PERSONAL INJURY?

MACHINE – PROPERTY LOSS

ROOT CAUSE

CORRECTIVE ACTIONS

SUPERVISOR SIGN.	OPERATOR SIGN.	IS THERE FURTHER TRAINING REQUIRED?

IMPACTS / PREVENTIVE ACTION FOR ALL THE MACHINERY / PARTS	RECORDS