| **General information incident** | | | |
| --- | --- | --- | --- |
| Accident | Near Accident | | Unsafe act / situation |
| Date and time incident |  | | hour |
| Date of report |  | | hour |
| Location Incident | Company : | | |
| Address : | | |
| Place : | | |
| Telephone : | | |
| Contact Person : | | |
| Name victim |  | | |
| Name of reporter |  | | |
| **Type of damage** | | | |
| Physical damage | Material damage | | Environmental Damage |
| Fire | No Damage | | Other: |
| **Description of incident** | | | |
|  | | | |
|  | | | |
| **Consequences of the incident** | | | |
| First aid / (personal) physician | Policlinical treatment | | Hospital intake\* |
| Absenteeism days | No Absenteeism days | | Other: |
| *\*In case of a hospital intake, if there is a possibility of permanent damage or if the accident is fatal please notify the Netherlands Labour Authority. Phone number 0800 5151* | | | |
| **Probable cause of the incident** | | | |
|  | | | |
| **Reason of report of the unsafe act / situation** | | | |
|  | | | |
| **Measures taken to avoid reoccurrence** | | | |
|  | | | |
| Date of handling |  | |  |
| **Action by Safety Officer** | | | |
| Additional remarks: | | | |
| Date: | Name: | Signature: | |