| **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: |