|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 reporting person |  | | | |
| 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 Inspectorate SZW (Ministry of Social Affairs and Employment). Phone number +31 800 5151* | | | | |
| Probable cause of the incident | | | | |
|  | | | | |
| Reason of report of the unsafe act / situation | | | | |
|  | | | | |
| Measures taken to avoid reoccurrence | | | | |
|  | | | | |
| Date of handling | |  | | |
| Action of Safety Officer | | | | |
| Additional remarks: | | | | |
| Date: | | Name: | | Signature: |