|  |
| --- |
| 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: |