## **INCIDENT REPORT**

This form is to be completed for any accident/incident or near miss by a Manager, Supervisor or Company Representative within 24 hours of occurrence.

1. Details of Injured	or Affected Person	
Please check which i	s appropriate	
First Aid Only	☐ Medical Treatment	Lost Time Injury
☐ Near Miss	Property Damage	☐ Danaerous Event
	SAM	PLE
	ORDER NOW AND G	ET FULL ACCESS

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3. Immediate Containment Action (What was the immediate response)

## SAMPLE ORDER NOW AND GET FULL ACCESS

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(See the table b	elow)					
8. Actions to Prevent Re-Occurrence						
Action		By Whom	By When	Date Completed		
	ORDER	R NOW AN	D GET FULL	ACCESS		
Name Species State Eigh Serverily Tuble						
Named and Sales	Christian Barrista months of order on tool Brass or months order Massa					
Business Interruption	Less than 1-hour down-time	One day down- time	More than one day of down-time	More than one week of down-time		

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