**Incident report**

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| --- | --- | --- | --- |
| Project name |  | Date |  |
| Engineer in charge |  | Day |  |
| Safety officer |  | Rep. # |  |

**Incident information:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The incident | | | | | | | | |
| Reported by | |  | | | Department | |  | |
| Date of occurrence | |  | | | Time | |  | |
| Accident | incident | | Near miss | Violence | | Ill health | | safety |
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| Incident description: | | | | | | | | |
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| Incident outcome | | | | | | | | |
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| Corrective measure | | | | | | | | |
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**Remarks by safety officer:**

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**Remarks by Project engineer:**

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| Project Manager | Project Engineer | HS Engineer | Safety officer | Employee |
|  |  |  |  | Name: |
|  |  |  |  | Date: |
|  |  |  |  | Signature: |