

INCIDENT

MANDATORY INFORMATION

Time...../20.....o'clock.....

My dept:.....

Unexpected incident that could have caused injury on person, property, equipment or environment

Optional information – (mandatory when serious incident happens) Mandatory information

Name:.....

Employee Student Guest

Other

Place for the incident.....
.....
.....

The incident were caused by:

- Handheld machine, tool or instrument
- Lift- or transportation equipment
- Vehicle
- Technical tools, machine part, machine
- Elektrical equipment
- Fan, duct, pot, pump or pressure vessel
- Building, furnishing or falsework
- Material, goods, packaging
- Chemical substances
- Fire

The incident hanged on lack of:

- The work/workplace's technical shape
- The work/workplace's organizational shape
- Working method
- Monitoring/Inspection
- Guard on machine
- Personal safety equipment
- Working instruction
- Other

Course of event:
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Me, who report the incident, suggest that following actions is taken:.....
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Actions, already taken or will be taken – is updated by manager and maybe safety officer (Use checklist + scheduled action plan):.....
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Name of Manager

Name of Safety officer

Send a copy to: manager, HR-dept., Safety Manager, and send the master to Head Safety Officer