



Date: Time: Location: Report number:

Report Type: Relevant Department: Event Summary:

Name of Department Head:

Signature:



IMS OHSE DEPARTMENT FORMS
INCIDENT AND ACCIDENT REPORT FORM

IMSP-OHSE-001
January 1st 2023

Department Head Remarks Regarding Risk Cause Analysis, Corrective Action, or Investigation:

List of Persons Involved:

List of Witnesses:

Property Damage: Yes No

Agencies Notified:

Other:

OFFICE USE

The report was: Waived Altered and re-written Fully dealt with

OHSE Manager Remarks:

Date:

OHSE Manager Name:

Signature:

Attach Documents / Pictures