
	GILES CHEMICAL ~ PREMIER MAGNESIA		
	Company Form		
	Title: Miscellaneous Safety Incident Report	Number: S13-FM-200-007	
	Owner: Brook Vaughn	Revision: 0	
	Effective Date: 01/02/2014	Page: 1 of 1	

## Miscellaneous Safety Incident Report

Date:	Approx. time:
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Who was involved in incident? \_\_\_\_\_

Location of incident: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

Root cause of incident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action taken (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost associated with incident

Description                      Amount


\_\_\_\_\_

Report completed by

\_\_\_\_\_

Area Manager

\_\_\_\_\_

Safety Dept.

\_\_\_\_\_

Operations

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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