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



## 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
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\_\_\_\_\_

Report completed by

\_\_\_\_\_

Area Manager

\_\_\_\_\_

Safety Dept.

\_\_\_\_\_

Operations

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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