## Preliminary Incident Notification

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| **PRELIMINARY INCIDENT NOTIFICATION FORM** | | | | |
| Date: |  | | Time of incident: |  |
| Project: |  | | Work Location: |  |
| Type Of Incident : | | |  | |
| Name of injured person: Age: Emp. No : | | | | |
| Designation of the Injured Person : | | | | |
| Nationality(s) : | | | | |
| Part of Body Affected : | | | | |
| Job Title : | | | | |
| Brief Description of Incident : | | | | |
| Number of Persons Injured: | | | | |
| Brief Description of Damage: | | | | |
| Immediatecauses: | | | | |
| Immediate Action : | | | | |
| Reported By:  Name:  Position: | | Signature:  Project/Work Area: | | |
| Reported to SAIPEM By:  Name:  Position: | | Signature:  Project/Work Area: | | |