

FORM C
DEPARTMENTAL REPORT OF DANGEROUS OCCURRENCES

1. Time of occurrence

(a) Date:

(b) Time:

2. Nature of the dangerous occurrence:

3. Equipment Involved

a) Name

b) Use

c) Location

4. a) Parts damaged

b) Nature and extent of damage

5. Apparent reasons of the occurrence

6. Could this occurrence have been avoided? If so, how?

7. What action is being taken to prevent recurrence:

Date:

Name:

Designation:

Signature of officer in charge