|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Initial Incident Report**   **${Initial\_Incident}** | **2. Date**  **${Incident\_Date}** | | 1. **Time** **Incident**   **Occurred/**  AM PM  **${Time}** | | | **4.** **Department / Facility / Location**  **${Dept\_ID}/${Loc\_ID}** | | | | |
| **5. Employee**  **${EmpName}** |  **Cladtek** | |  Sub contractor | | | Others\.................................... | | | | |
| **6. Supervisor Name** | **${SpvName}** | | | | | | | | | |
| **7. Incident Type ${Incident\_type}** | | | | | | | | | | |
|  Injury |  Fire/Explosion | | |  Environmental | | |  Property Damage | | | |
|  Near Miss |  Vehicle Accident | | |  Occupational Illness | | | | | | |
| **8. Occupational illness or Injury** | | | | | 9. Property Loss/Damage-Fire/Explosion-  Vehicle Accident-Environmental, etc. | | | | | |
| Employee name **${EmpName}** | | | | | Property Lost or Damaged | | | | | |
| Department | | | | | Nature of Loss or Damage | | | | | |
| Occupation/Job Title | | | | | Object/Equipment/Substance Involved | | | | | |
| Work Cycle/Shift **${Shift}** | | | | | Amount of Spill | | | | | |
| Date Reported **${Incident\_Date}** | | | | | Date Reported **${Incident\_Date}** | | | | | |
| On Site Supervisor **${SpvName}** | | | | | On Site Supervisor **${SpvName}** | | | | | |
| Type of work being conducted at time of incident **${Type\_of\_work1}** | | | | | Type of work being conducted at time of incident  **${Type\_of\_work2}** | | | | | |
| Investigation Start Date | | | | | Investigation Start Date | | | | | |
| 10. Nature of Injury/Illness (indicatePrimary) | | | | | **11. Part of Body Affected** | | | | | |
|  Abrasion | |  Foreign Body | | |  Abdomen | | | | |  Head |
|  Amputation | | Fracture | | |  Arm | | | | |  Leg |
|  Asbestosis | |  Infection | | |  Back | | | | |  Neck |
|  Bruise | |  Insect Bite | | |  Chest/Upper Torso | | | | |  Shoulder |
|  Burn & Scald (heat) | |  Sprain | | |  Eye | | | | |  Skin (rash,  dermatitis) |
|  Burn (Chemical) | |  Strain | | |  Face (incl. Mouth & Nose) | | | | |  Toe(s) |
|  Concussion | |  Temperature  Related Illness | | | Finger (s) | | | | |  Groin |
| Crushing | |  Temperature  Related Injury | | |  Foot | | | | |  Whole Body |
| Cut | |  Dermatitis | | |  Hand | | | | |  |
|  Electric Shock | |  | | |  | | | | |  |
| 12. Type of Contact | | | | | 13. Contact With | | | | | |
|  Stuck Against | |  Fall Same Elevation | | |  Electricity | | |  Toxic or Noxious  Substances | | |
|  Struck by | |  Fall Different  Elevation | | |  Heat | | | Moving  Equipment/Materials | | |
| Caught in | |  Overexertion | | |  Cold | | | Stationary  Equipment/Materials | | |
|  Caught on | |  Exposure to  Elements | | |  Noise | | |  | | |
| Caught Between | |  Slip or Trips | | |  Radiation | | |  | | |
| **14. Briefly describe the incident**  **${Incident\_Desc}** | | | | | | | | | | |
| **15. Employee Statement** | | | | | | | | | | |
| **${Emp\_statement}** | | | | | | | | | | |
| **Employee sign:** | | | | | **Date: ${Incident\_Date}** | | | | | |
| **16. Supervisor Statement (if different from above)**  **${Spv\_statement}** | | | | | | | | | | |
| **Supervisor Sign** | **Safety Officer Sign** | | | | **HSE Manager Sign** | | | | **Project Manager Sign** | |
| **Date** | **Date** | | | | **Date** | | | | **Date** | |