|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Initial Incident Report:**   **${Initial\_Incident}** | **2. Date:**  **${Incident\_Date}** | 1. **Time** **Incident**   **Occurred/:**  **${Time}** | | 1. **Department / Facility / Location:**   **${DeptID}/${LocID}** | |
| **5. Employee**  **${EmpName}** | * **${CompanyID}** |  Sub contractor | | Others\.................................... | |
| **6. Supervisor Name: ${SpvName}** | | | | | |
| **7. Incident Type:** | | | | | |
| * **${Incident\_type}** | | | | | |
| **8. Occupational illness or Injury** | | | 9. Property Loss/Damage-Fire/Explosion-  Vehicle Accident-Environmental, etc. | | |
| Employee name: **${EmpName}** | | | Property Lost or Damaged: **${PropertyLost}** | | |
| Department: **${DeptID1}** | | | Nature of Loss or Damage: **${NatureLost}** | | |
| Occupation/Job Title: **${Title}** | | | Object/Equipment/Substance Involved: **${Object\_Involved}** | | |
| Work Cycle/Shift: **${Shift}** | | | Amount of Spill: **${Amount\_Spill}** | | |
| Date Reported: **${Incident\_Date1}** | | | Date Reported: **${Incident\_Date2}** | | |
| On Site Supervisor: **${SpvName1}** | | | On Site Supervisor: **${SpvName2}** | | |
| 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: **${Investigation\_Date1}** | | | Investigation Start Date:**${Investigation\_Date2}** | | |
| 10. Nature of Injury/Illness (indicatePrimary) | | | **11. Part of Body Affected** | | |
| **${Nature\_of\_injury}** | | | **${Part\_affected}** | | |
| **${Nature\_others}** | | | **${Part\_affected\_others}** | | |
| 12. Type of Contact | | | 13. Contact With | | |
| **${Type\_of\_contact}** | | | **${Contact\_with}** | | |
| **${T\_Contact\_others}** | | | **${Contact\_with\_others}** | | |
| **14. Briefly describe the incident:**  **${Incident\_Desc}** | | | | | |
| **${Image}** | | | | | |
| **15. Employee Statement** | | | | | |
| **${Emp\_statement}** | | | | | |
| **Employee Sign: ${EmpName}** | | | **Date: ${Incident\_Date}** | | |
| **16. Supervisor Statement (if different from above):**  **${Spv\_statement}** | | | | | |
| **Supervisor Sign**  **${SPV\_sign}**  **${SPV\_Name}** | **Safety Officer Sign**  **${SO\_sign}**  **${SO\_Name}** | | **HSE Manager Sign**  **${HSEM\_sign}**  **${HSEM\_Name}** | | **Manager Sign**  **${HOD\_sign}**  **${HOD\_Name}** |
| **Date: ${Incident\_Date}** | **Date: ${Safetydate}** | | **Date: ${HSEdate}** | | **Date: ${Incident\_Date}** |