|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Initial Incident Report**   **${Initial\_Incident}** | **2. Date**  **${Incident\_Date}** | | 1. **Time** **Incident**   **Occurred/**  AM PM  **${Time}** | | **4.** **Department / Facility / Location**  **${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}** | | | | | | | |
| **15. Employee Statement** | | | | | | | |
| **${Emp\_statement}** | | | | | | | |
| **Employee sign:** | | | | **Date: ${Incident\_Date}** | | | |
| **16. Supervisor Statement (if different from above)**  **${Spv\_statement}** | | | | | | | |
| **Supervisor Sign**  **${SpvName}** | **Safety Officer Sign**  **${Safety\_Name}** | | | **HSE Manager Sign** | | **Project Manager Sign** | |
| **Date: ${Spvdate}** | **Date: ${Safetydate}** | | | **Date: ${HSEdate}** | | **Date** | |