|  |  |  |  |
| --- | --- | --- | --- |
|  | **Initial Incident Notification Form001**  **Private & Confidential**  Prepared by EMT Incident Commander | | |
| **Impacted Area /**  **Asset Name:** |  | | |
| **Country** |  | **Specific Location** |  |
| **Date of Incident**  **(YY/MM/DD)** |  | **Time of Incident:**  **(Local)** |  |
| **Person Notifying:** | | **Contact Number:** | |
| **Brief account of Incident:** | | | |
| **People Impact (Employee, Contractor, Public, Fatality, Injury):** | | | |
| **Environmental Impact/Damage:** | | | |
| **Asset Impact/Damage/Loss:** | | | |
| **Business Impact (Damage/Loss):** | | | |
| **External Agencies Involved:** | | | |
| **Media Coverage:** | | | |
| **What assistance has been requested:** | | | |
| **Person in charge of response:** |  | **Contact made with:** | CMT member |
| **Office Telephone:** |  | **Date & Time:** |  |
| **Mobile Telephone:** |  | **Office Telephone:** |  |
| **Home Telephone:** |  | **Mobile Telephone:** |  |
| **Home Telephone:** |  |