



F/QSP 18/01/00

Incident/Accident Report

FATAL

Minor Injury

INJURY (Hospitalization)

Near - miss

Reported by: _____

Date: _____

Designation: _____

S. No.: _____

Location: _____

Deptt.: _____

Description of Incident/Accident

Name of the Person(s) affected

1. _____

2. _____

3. _____

Immediate Action Taken

Preventive Action Taken

(Reporter Name)

(Witness Name)

(Chairperson)