

Reported by:	Date:
E-mail:	Phone:

Incident

- ☐ Near miss
- ☐ Accident
- ☐ Safety Observation
- ☐ Environment incident
- ☐ Quality incident

If accident, evaluate severity

- ☐ First aid case
- ☐ Medical treatment case
- ☐ Injury

Name / Company _____

Personnel involved

- ☐ KSEF staff
- ☐ Subscriber
- ☐ Guest
- ☐ Other/more info: _____

Incident facts

Work done _____

Location _____

Date/Time _____

Incident description
Was proper PPE in use?

- ☐
- yes
- ☐
- no

If no, missing what? _____

Cause for event

- ☐ Insufficient instructions
- ☐ Defect device / tool
- ☐ Device / tool breaking down suddenly
- ☐ Disorder in working place
- ☐ Inproper working method
- ☐ Negligence
- ☐ Insufficient PPE
- ☐ Working conditions

Other: _____

Eyewitnesses?

- ☐
- no
- ☐
- yes

Names: _____

Have similar events occurred before?

- ☐
- yes
- ☐
- no

how often? _____

Corrective measures / Lessons to learn