Health and Safety Incident Report

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| **Personal Information (of person filling this form)** | | |
| **Name** |  | |
| **Title** |  | |
| **Relationship to NGO** |  | |
| **Email** |  | |
| **Phone** |  | |
| **Incident Data** | | |
| **Region** |  | |
| **Country** |  | |
| **Place of incident** |  | |
| **Date & Time of incident** |  | |
| **Did the incident happen** | * ON DUTY * OFF DUTY | |
| **Type of incident** | | |
| **Category** |  | |
| **What happened? What Actions were taken at the time?** |  | |
| **Is it notifiable or reportable to** | * MFAT * Worksafe | |
| **NGO staff involved** | | |
| **Name** |  | |
| **Consequence and severity** (minor/major injury, death, post incident trauma) |  | |
| **Relationship to NGO** |  | |
| **Investigation** | | |
| **Findings from investigation of incident** |  | |
| **Actions taken by NGO** | | |
| **Action Description** |  | |
| **Actions taken by others** | | |
| **Action Description** |  | |
| **Attachments** | | |
| **Supporting documents** |  | |
| **DATE:** | **NAME:** | **SIGNATURE:** |
| **Approved by (line manager):** |  | |