

## Health and Safety Incident Report

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