KEFRI/F/ADM/17

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|  | Description: Description: Kefri Final Logo-1 |  |
| **INCIDENT INVESTIGATION REPORT FORM** |

This form is to be filled by health and safety representatives within 12 hours of any incident.

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| Date of Incident**:** Time of Incident **:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Incident :Description of Incident (What happened?):What injury, if any, was caused:What property damage, if any, was caused:How was the incident arrested:Action taken to prevent recurrence:**Name: Signature**:  |