KEFRI/F/ADM/17

|  |  |  |
| --- | --- | --- |
|  | 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.

|  |
| --- |
| 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**: |