



INITIAL INCIDENT NOTIFICATION FORM

REPORTING FORM FOR WORKPLACE ACCIDENT / OCCUPATIONAL DISEASE / DANGEROUS OCCURRENCE

for the purpose of Workplace Safety and Health (Incident Reporting) Regulations, 2014

PART A INFORMATION ABOUT THE ACCIDENT / OCCUPATIONAL DISEASE / DANGEROUS OCCURRENCE

TYPE OF ACCIDENT FATALITY INJURIES OCCUPATIONAL DISEASE DANGEROUS OCCURRENCE MAJOR ACCIDENT

LOCATION OF INCIDENT

DATE OF INCIDENT - - TIME OF INCIDENT : AM / PM

DATE INCIDENT WAS FIRST REPORTED TO SHENA - -

PART B INFORMATION ABOUT REPORTER

NAME

ORGANISATION

ORGANISATION'S ADDRESS

CURRENT DESIGNATION I.C. NUMBER -

CONTACT NUMBER MOBILE OFFICE

EMAIL ADDRESS

PART C INFORMATION ABOUT THE PERSON INVOLVED IN THE ACCIDENT / OCCUPATIONAL DISEASE / DANGEROUS OCCURRENCE

NAME

ORGANISATION

IC / PASSPORT NO.

DATE OF BIRTH - - NATIONALITY

GENDER MALE FEMALE CURRENT DESIGNATION



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ڪصيتن. دان عالم سڪيتر
Safety, Health and Environment
National Authority

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**PART
D**

DESCRIPTION OF ACCIDENT / OCCUPATIONAL DISEASE / DANGEROUS OCCURRENCE

Please describe what happened before, during and after the accident / incident

FOR SHENA USE ONLY

ACTION TAKEN BY THE AUTHORITY

NO ACTION

MONITOR

INVESTIGATE

REMARKS

STATUS

OPEN

DATE

-

-

Signature

STATUS

CLOSED

DATE

-

-

Signature
