

HEXATECH ENGINEERING SDN. BHD.	PROJECT DEPARTMENT	Issue No.: 1	Document Effective Date: 01 Nov 2021	Page 1 of 2
	<b>Incident Report Form</b>	Revision No.: 0		Document Ref: PD-REC-IRF

Note: Use this form to report accidents, injuries, medical situations and other work safety related incidents. The report should be completed within 24 hours of the incident.

Report No.:

Date of Report:

### 1. PERSON INVOLVED

Full Name:

Address:

Identification:  Driver's License No.

Passport No.

Other:

Phone:

E-Mail:

### 2. THE INCIDENT

Date of Incident:

Time:

AM

PM

Location:

Describe the Incident:

### 3. INJURIES

Was anyone injured?

Yes

No

If yes, describe the injuries:

### 4. WITNESSES

Were there witnesses to the incident?

Yes

No

If yes, enter the witnesses' names and contact info:

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**5. POLICE / MEDICAL SERVICES**

Police Notified?     Yes         No        If yes, was a report filed?     Yes         No

Was medical treatment provided?     Yes         No         Refused

If yes, where was medical treatment provided?     On site     Hospital         Other:

**6. PERSON FILING REPORT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Appointment: \_\_\_\_\_

Company Name: \_\_\_\_\_

**OFFICE USE ONLY**

Report received by: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up action taken:

Action Taken:

Above verified by:

Recorded by:

Signature:

Signature:

Name:

Name:

Appointment:

Appointment: Document Controller

Date:

Date: