

OHS003

INCIDENT REPORT PUBLIC FORM		INCIDENT NUMBER					
		<i>(to be completed by PML administrator)</i>					
Name of Person Reporting:							
Contact Address:							
Phone Number:							
DESCRIPTION OF INCIDENT							
Type of Incident:		Date:	/	/	Time:		
Location:							
People Involved:							
Details:							
Likely Cause:							
Is it Unsafe?							
<i>* Continue over if required. Note: Involved Parties – see over *</i>							
Signature: <i>(person completing report)</i>					Date:	/ /	
ACCEPTING PML EMPLOYEE							
Action taken to make safe:							
Name:				Position:			
Signature:				Date:			
<i>Once this form is complete, pass to the required Line Manager for immediate action.</i>							

INVOLVED PARTIES <i>(if required)</i>			
Person / Vehicle		Person / Vehicle	
Name:		Name:	
Involvement:		Involvement:	
Occupation:		Occupation:	
Address:		Address:	
MDL No:		MDL No:	
FDL No:		FDL No:	
Phone No:	M	Phone No:	M
	H		H
	W		W
Tenant:		Tenant:	
Vehicle:		Vehicle:	
Registration/ Forklift ID:		Registration/ Forklift ID:	

PML USE ONLY

Section 1: Checklist *(to be completed by Accepting PML Employee)*

Witness Statement Form Completed	<input type="checkbox"/>	File Name/Path:	
Photos Taken	<input type="checkbox"/>	File Name/Path:	
CCTV Viewed / Saved	<input type="checkbox"/>	File Name/Path:	
Gallagher Access Control Reviewed	<input type="checkbox"/>	File Name/Path:	
Maintenance Request Entered	<input type="checkbox"/>	Date Submitted:	

Section 2: *(to be completed by relevant Line Manager)*

Name: <i>(person reporting)</i>		Line Manager:	
Signature:		Signature:	
Date:		Date:	

Additional Information: *(if required)*

I confirm that I have read and understood PML's privacy policy and consent to this information being held and used in accordance with its terms.