

OHS003

INCIDENT REPORT	INC	INCIDENT NUMBER								
PUBLIC FORM	(to be com	(to be completed by PML administrator)				#	М	М	Y	Y
Name of Person Reporting:										
Contact Address:										
Phone Number:										
DESCRIPTION OF INCIDENT										
Type of Incident:	Date:	/	1	Tir	ne:					
Location:										
People Involved:										
Details:										
Likely Cause:										
Is it Unsafe?										
* Continue over if	required. Note:	Involved P	arties – see ove	er *						
Signature: (person completing report)					te:		/		/	
ACCEPTING PML EMPLOYEE										
Action taken to make safe:										
Name:		Positio	on:							
Signature:		Date:								
Once this form is complete, p	pass to the requ	uired Line N	lanager for imm	nedia	te act	ion.				

INVOLVED PARTIES (if required)									
Person / Vehicle					Person / Vehicle				
Name:				Name:					
Involvement:				Involvement					
Occupation:				Occupation					
Address:				Address:					
MDL No:				MDL No:					
FDL No:				FDL No:					
	M					М			
Phone No:	Н				Phone No:	Н			
110.	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				File N	lame/Path:				
Photos Taken				File Name/Path:					

Name: (person reporting)

Signature:

Date:

Additional Information: (if required)

Confirm that I have read and understood PML's privacy policy and consent to this information being held

File Name/Path:

File Name/Path:

Date Submitted:

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CCTV Viewed / Saved

Gallagher Access Control Reviewed

and used in accordance with its terms.

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

Maintenance Request Entered