

## **CCMB Disaster Management/Safety Committee Accident / Incident report form**

*[Immediately Submit Form to Chairperson/Convenor/Nodal Officer of DM Committee/Safety Officer]*

### **PART I**

When did it happen?  
Where?

### **PART II**

What happened and how it was happened:

Date:

Time:

Ref No:

INCIDENT / ACCIDENT REPORT FORM

### **PART III**

About the injured person (if no one injured go to IV): Injured person's full name:

Address/ Contact information:

Age: Male/Female

If the injured person was employed by someone else [non CCMB Staff] at the time of the accident what is the name and address of his / her employer:

### **PART IV**

Any witnesses to the accident:

### **PART V**

Recommendations to prevent similar accident.

Describe any action, which you recommend to prevent similar accident in the future:

Details about the person who complete this form:

Name:

Contact Information:

(Department, Telephone No and Email ID):

Signature: