



REPORT - UNWANTED INCIDENT



Name of the worker exposed to the incident	Customer's name, and description of workplace

1. Description of the unwanted event

Injury

No injury

2. Time when incident occurred

Date	Time

3. Address where unwanted event occurred

4. Description of the severity of the event

5. Actions that were / are being made

Report completed by	Place and date for completion of report

Original legges i grønn HMS-perm. Kopi legges i CRM under kandidat. Skal Arbeidstilsynet kontaktes? Skal forsikringselskap kontaktes?

