

Incident date	Time
Place of incident, department, task	
<input type="checkbox"/> Observation of safety breach <input type="checkbox"/> Close call <input type="checkbox"/> Threat or violence	
Description of the incident (What happened? With which tools? Why?)	
Consequences:	
<input type="checkbox"/> To people <input type="checkbox"/> To environment <input type="checkbox"/> To property	
Actions:	
<input type="checkbox"/> Fixed, how? <input type="checkbox"/> Requires actions, which?	
Name of the observer	
On the reverse side you can tell more about the incident or draw a picture of the situation.	

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