



**INSTITUTE FOR PLASMA RESEARCH**  
**Near Indira Bridge, Bhat, Gandhinagar – 382 428**

**INCIDENT REPORTING FORM**

*(This form is to be filled and submitted for all incidents to safety division within 72 hours from the incidence occurring time)*

**A. BASIC INFORMATION**

Name of Injured Person(s):		PR No.:
Group/Division/Section:		
Exact Location of Incident:	Employee Category [Please tick (√) in appropriate category]: ( ) Permanent Employee ( ) Project Employee ( ) Third Party Contractor ( ) AMC ( ) PMC ( ) Service Provider/Vendor ( ) Other Category, Pl. Specify: _____	

**B. CATEGORY OF INCIDENT**

[Please tick (√) in appropriate category]

First aid case ( )	Medical case ( )	Fatal Accident ( )
Fire ( )	Equipment/Property damage ( )	Vehicle Accident ( )
Exposure ( )		

**C. INCIDENT INFORMATION**

Date:	Date:
Time of Incident:	Time Reported to Group Leader/Division Head:
Name of the person who reported incident to GL/DH:	
Witness to the incident (if available):	
Incident Description: (including the sequence of events / results of the incident / captured photograph / image of scene of incident, if available)	
Note: Safety Guidelines and Safety Protocols followed/not followed. (Strike out whichever is not applicable.)	

Injury Description, if any:

Details of damage to Equipment/Property, if any:

**D. FIRST-AID / MEDICAL TREATMENT INFORMATION**

First-aid/Medical Treatment Description:

First-aid/Medical Treatment Administered By:

Date & Time of First-aid/Medical Treatment:

Name & Contact details of Clinic / Hospital:

Please attach Medical Officer/Hospital's prescription for medical treatment, if taken: -

**E. INITIAL CORRECTIVE ACTION INFORMATION**

Immediate Causes of Incident:

Immediate Response Actions (e.g. barricades, isolation of power, use of fire extinguisher, work stopped, etc.) taken:

**Prepared By:**

**Reviewed By Group Leader/Division Head:**

Sign:

Sign:

Name:

Name:

Designation:

Designation:

Date:

Date: