



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

INVESTIGATION REPORTING FORM

Exact Location of Incident	Date & Time of Incident	Date of Incident Reporting form received Reference:
Category of Incident [Please tick (√) in appropriate category]: First aid case () Medical Case () Equipment/Property Damage () Vehicle Incident () Fire () Fatal Accident () Exposure ()		
Name of Injured Person:	Group/Division/ Section:	Nature of Injury (Strike out whichever is not applicable.): Minor/Major/Fatal
Incident Description:		
Details of damage to Equipment/Property (if any):		
Injury Description (if any):		
Root Cause/s of Incident:		
Corrective / Remedial Action(s) recommendation:		
Name of Investigator(s) 1. 2. 3.	Sign of Investigator(s) 1. 2. 3.	