

F013a-Incident / Close Call Reporting Form

Details of person reporting the event				Office use only Event reference number:			
Name:		Job title:		Contact Number			
Home Address:							
						Post Code:	
Employer:							
Line Manager:				Contact Number:			
Details of incident – e.g. any event where loss has occurred e.g. damage to plant and machinery				Details of close call – e.g. any event where loss or damage hasn't occurred but could have if different set of circumstances			
Location:				Date:		Time:	
Was plant / machinery involved: (if yes provide details)	Yes	Type:	Asset Number:		No		
		Type:	Asset Number:				
		Type:	Asset Number:				
		Type:	Asset Number:				
Were people directly connected / involved in the event				Yes – if yes provide details below		No	
Name:		Employer:		Role:			
Name:		Employer:		Role:			
Name:		Employer:		Role:			
What happened:							
Details of witnesses:							
Name:		Employer:		Contact Number:			
Name:		Employer:		Contact Number:			
Name:		Employer:		Contact Number:			
Name:		Employer:		Contact Number:			
Record actions taken to make area safe and prevent any harm:							
Signature of person completing report:							
Signature:				Date:			

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Underlying Causes		
Remedial Actions		
1		Intention:
2		Intention:
3		Intention:
4		Intention:
Recommendations		
1		Intention:
2		Intention:
3		Intention:
4		Intention:
Name: Signed: Date:		

Date	Reason for Review
16/10/2022	Annual review & removal of reference to Inline Track Welding
04/07/2023	Updated all content and form layout following RISQS Audit
26/01/2024	Annual review – minor changes
26/02/2024	Changed document identification referencing
08/01/2025	Annual review – no change required
14/01/2026	Annual review – no change required