

Please complete every section in this form and return to your Area Manager. The Area Manager will forward the completed form to Hanley Calibrations Safety Officer.

Details of injured Person:

Name:	Address:
Date and Time of incident:	
	Title:

Details of Person reporting Incident/Accident

Name:	Address:
Date and Time of incident:	
	Title:

Location of Incident/Accident:

Site Name:	Address:
Safety Contact Name on site:	
	Contact Number:

Incident/Accident Details:

Description	Tick	Description	Tick
Electrical		Manual Handling	
Fire		Slips/falls/trips	
Hazardous Energy		Spill	
Ergonomics		Driving	

Change History

Revision Number	Date	Description of Change	Reason for Change
For Previous Revisions refer to Document Change Log and Document Request Forms			
1	28 Feb 2020	Changes to header of document and format of document Addition of Change History Section to Document	Continuous Improvement To control and view changes to document
2	09 Dec 2021	Document Number changed from DP9 App 15 to FM-DP9-15	Continuous Improvement

Do not print this page when using the form.