## Appendix 1 – Incident Investigation Report

l Basic information on incident				1	
No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, Online of					
The section of the section.					
-					
Name	No. of Lot	-			Commented [45A1]: Write in here the number of employee's previous injuries.
					Commented [45A2]: Write in here whether medical care was needed or not.
	-				
Name	Work place	<u> </u>		ł	
*				-	Commented [45A3]: E.g., type of injury, injured body part,
Name and Address of the Owner, where the Owner, which is the Owner, which					source of injury, etc.
*					Commented [45A4]:
1					to injury.
*					Commented [45A5]:
					incident.
*					Commented [45A6]:
	1				[]
_	Verified by:				
Date:	Date:				
the Part of the Laboratory		-	-		
[job title]					
[name]					
[signature]					Commented [45A7]: The signature is needed only if the
					document is in paper form.

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ver. [version] from [date]

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