

THE RECRUITMENT COMPANY INCIDENT REPORT FORM

Issue Date:

Version Number: 1

Page Number: 1

DETAILS OF AFFECTED PERSON

Nature of Incident:

The Recruitment Company to Complete:

Circle the appropriate type: Employee Contractor

Name:

Position:

Address:

Site Address:

Contact Tel:

Client Name:

INCIDENT DETAILS

Employee or Contractor to complete, The Recruitment Company representative to assist where required):

Describe exact site location:

Describe sequence of events leading to Incident and details of the incident:

SIGN OFF BY EMPLOYEE/CONTRACTOR (WHERE POSSIBLE)

Name: **Date:**
Position: **Signature:**

PREVENTATIVE ACTION (THE RECRUITMENT COMPANY TO COMPLETE):

Director to Complete:

Action taken to prevent recurrence of incident (Control Measures):
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SIGN OFF BY THE RECRUITMENT COMPANY DIRECTOR:

Name: **Date:**
Position: **Signature:**