

**Incident Report Form**

Details of Affected Person			
Nature of Incident:			
<i>LaunchTS to Complete</i>			
Circle the appropriate type: <i>Employee/Contractor</i>			
Name:		Position:	
Address:		Site Address:	
Contact Tel:		Client Name:	
Mobile Tel:		Client Contact:	

Incident Details
<i>Employee or Contractor to complete, LaunchTS Representative to assist where required</i>
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:

<b>Preventative Action</b>	
<b>LaunchTS Director/Operations Manager to Complete</b>	
Action taken to prevent recurrence of incident (Control Measures):	
<b>Sign off by LaunchTS Director/Operations Manager</b>	
<b>Name:</b>	<b>Date:</b>
<b>Position:</b>	<b>Signature:</b>