 version 4.0

**Incident report, AHO workshops**

**Also used in connection with personal injuries and/or damage to machines**

Please write a detailed description. The report is to be submitted to the workshop attendant.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | | |
| Contact information: | | Phone: | | | Email: | |
| Workshop where the incident took place: | | | | | Date: | |
| Describe the course of events: | | | | | | |
| Has anything similar happened before? | | | | | | |
| What consequences will the damage/injury have= | | | | | | |
| **What were the contributory causes to the incident?** | | | | | | |
| Technical defects in machines or personal protective equipment? | | | | | | |
| Personal protective equipment not working? | | | | | | |
| Inadequate service or maintenance? | | | | | | |
| Inadequate training? | | | | | | |
| Poor or lack of communication? | | | | | | |
| Incorrect use of machine or equipment? | | | | | | |
| Irresponsible play, jokes or bet? | | | | | | |
| Was someone under the influence of alcohol or drugs? | | | | | | |
| Deficiencies in the organisation | | | | | | |
| Other factors? | | | | | | |
| For personal injuries: | Was a doctor contacted? Yes / No | | Were you treated by a doctor? Yes / No | | | |
| What can be done to prevent this from happening again? | | | | | | |
| Signature | | | | Date | | |
| **To be filled in by the workshop attendant** | | | | | | |
| What measures have been implemented to prevent new/similar cases? | | | | | | |
| If none: when can measures be implemented? | | | | | | |
| If no measures will be implemented, explain why: | | | | | | |
| Name: | | | | | | Date: |

Created: 14 November 2012 Approved by the workshop attendants: 14 November 2012 Revised 19 October 2017