

TRC GROUP INCIDENT REPORT FORM

Issue Date: Version Number: 1 Page Number: 1 **Details of Affected Person** Nature of Incident: TRC Group to Complete: Circle the appropriate type: **Employee** Contractor Name: Position: Address: Site Address: Contact Tel: Client Name: Mobile Tel: **Incident Details** Employee or Contractor to complete, TRC Group 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 (TRC Group to complete):	
Director to Complete:	
Action taken to prevent recurrence of incident (Control Measures):	
Sign off by TRC Group Director:	
Name:	Date:
Position:	Signature:

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