



EHS Incident Notification

Doc. No.: HCT/EHS/FSP-009/02

Rev. No: 1.0

Doc. Date: February/ 2019

1. Information:

Name of campus:			
Address :			
Contact Person:		Email Address:	
Telephone Number:		Mobile Number:	

2. Incident involving a Contractor

Yes

No

Name of Contractor:			
Type of Business:			
Address:			

3. Incident Information:

Date of Incident		Time (24 hr):	
Incident Type:			

4. Injured Person's Personal Details (For Injuries):

Name:		Occupation:	
Relationship with HCT :			
Contact Phone Number:		Gender:	

5. Incident Details:

Brief description of the main circumstances leading to the Incident:			
Incident Location on Site:			
Incident Workplace Address:			

Notified By:			
Date & Signature :			