

Flash Incident Investigation Close Out Report				Form No: 01	
				Form Revision Date: 09-19-2019	
				Page No:	1 of 1
Date:		Location		Report No	
Time:		Where on location			
Weather:					
Notification					
Incident Reporting Group					
Brief Description of the Incident, including activity being performed immediately before the incident.					
Description of Consequences (including injuries)					
Description of Immediate and Follow-up Actions taken					
Details of Injured Personnel (if applicable)					
Name		Employer		Supervisor	
Incident Rating and Severity					
FAC	<input type="checkbox"/>	Minor Equipment (<10K)	<input type="checkbox"/>	Environment Minor (Local, short-term, direct impact)	<input type="checkbox"/>
Minor Near Miss	<input type="checkbox"/>	Minor RTA(<5K)	<input type="checkbox"/>	Spill (<1000Ltrs)	<input type="checkbox"/>
					Low
Incident Report Prepared By					
Name		Position		Date	Time