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|---|--------------------------|------------------------|--------------------------|--|--------------------------|
| 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"/> |
| | | | | | Risk Rating Low |
| Incident Report Prepared By | | | | | |
| Name | | Position | | Date | Time |
| | | | | | |