

B. INVESTIGATION OF THE ABOVE INCIDENT BY A PERSON DESIGNATED THERETO

- 1. Name of investigator.....
 - 2. Date of investigation.....
 - 3. Designation of investigator.....
 - 4. Short description of incident.....
.....
.....
 - 5. Suspected cause of incident.....
.....
.....
 - 6. Recommended steps to prevent a recurrence.....
.....
.....
- Signature of Investigator..... Date.....

C. ACTION TAKEN BY EMPLOYER TO PREVENT RECURRENCE OF SIMILAR INCIDENT

.....
.....
.....

Signature of employer..... Date.....

D. REMARKS BY HEALTH AND SAFETY COMMITTEE

Remarks

.....
.....

Signature of Chairperson Date.....
Of H&S Committee