



# Accident/Incident Report

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<i>Date</i>	<i>Reported by</i>	<i>Person(s) involved</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<i>Location</i>	<i>Witness(es)</i>
<input type="text"/>	<input type="text"/>

*Description of event*

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*Action taken*

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*Follow-up actions required and/or recommendations for improvements*

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