



EISCAT Scientific Association

Incident Report

Filled in by staff

Type of Incident and Damage:
Mishap Accident (that could have been prevented) Property Damage Personal Injury

Reported by:	Date of Report:
Title / Role / Department:	E-mail:
Manager Responsible:	E-mail:

Incident information

Date of Incident:	Location:
Incident Description:	

Property Damage Description:

Personal Injury Description:



Follow up

Filled in by employer

Followed up by:	Date:
Immediate Actions taken:	
Proposed Preventive Measures:	

Filled in by EISCAT

Decision about Preventive Measures taken by:	Date:
Approval Rejection New Evaluation of Preventive Measures Requested	
Comments:	

Final Remarks by EISCAT:

Archived/Filed

Signature:	Date:
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