INCIDENT REPORT FORM

E-mail to:  Info@npa.gov.gh
Fax to: +233-0302-766196

1 **Reporter**

Name: 

Designation: 

Date of report:  Time of report: 

2 **Incident details**

<table>
<thead>
<tr>
<th>Date of incident:</th>
<th>Industrial site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Depot</td>
</tr>
<tr>
<td>Time of incident:</td>
<td>Transport</td>
</tr>
<tr>
<td></td>
<td>Petrol station</td>
</tr>
<tr>
<td>Location:</td>
<td>LPG filling plant</td>
</tr>
<tr>
<td></td>
<td>Other (Specify)</td>
</tr>
</tbody>
</table>

3 **Nature**

- Minor
- Moderate
- Serious
- Major
- Catastrophic

- Collision
- Fire
- Explosion
- Pollution
- Spillage

- Daily Operation
- Maintenance
- Attack

4 **Casualties**

- No. Injured
- No. dead

<table>
<thead>
<tr>
<th>Employees</th>
<th>Contractors</th>
<th>Third party</th>
</tr>
</thead>
</table>

5 **Damages**

- Damaged
- Destroyed

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Premises</th>
<th>Other (Specify)</th>
</tr>
</thead>
</table>

5 **Communication**

- Police
- EPA
- Fire Service

<table>
<thead>
<tr>
<th>Already informed</th>
<th>Other (Specify)</th>
</tr>
</thead>
</table>

6 **Brief description of incident & action taken** (add separate sheets if necessary)