**NRPB**

**ENTERPRISE SUPPORT PROJECT**

**Event (Accident/Incident) Reporting Template for MSMEs**

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| **GENERAL INFORMATION** |
| **Business name** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **Date of report** | Click or tap to enter a date. |
| **EMPLOYEE INVOLVED IN EVENT** |
| **Employee’s Name** | Click or tap here to enter text. |
| **Job position** | Click or tap here to enter text. |
| **DESCRIPTION OF EVENT** |
| **Date of event** | Click or tap to enter a date. |
| **Did the event occur during work time?** | Choose an item. | **YES** [ ]  | **NO** [ ]  |
| **Location of event in workplace** | Click or tap here to enter text. |
| **Type of Event** | Choose an item. |
| **Other:** |
| **In case of Accident** |
| **Nature of injury(ies)**  | Choose an item. |
| **Other:** |
| **Location of injury(ies)** | Choose an item. |
| **Other:** |
| **Describe in detail the origin of the event or what caused it. Answer the questions WHAT HAPPENED, WHEN, WHERE, WHY and HOW. Worker statement(s) can be included.**  |
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| **FINDINGS (INVESTIGATION OUTCOMES)** |
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| **Actions taken** | Choose an item.Describe below: In example: Immediate and Long-term actions taken; Where; When; to Whom; by Whom to correct or prevent even from happening again. |
|  |
| **ATTACHED TO THIS REPORT ARE** |
| **Drawings** |[ ]
| **Photos** |[ ]
| **Diagram** |[ ]
| **Other** | [ ] Describe below |
| **Other:**  |