# Attachment 2

to Occupational Health and Safety Requirements for Contractors and Visitors

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| ................................................. | | ....... | ............................................. | ..................... | |
| Contractor | |  | Place, | date | |
| **Incident information**  **Part I – Preliminary information** | | | |

I hereby report that on: (date) …………………… at (time): …………………… an Incident 1) took place:

* Accident:
* individual/collective/serious/fatal\*
* Fire
* Explosion

During the performance of Task …………………………………….,………………………………………

1. Incident location

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1. Short description of the Incident (cause, circumstances, course, consequences):

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1. In connection with the Incident, actions were taken by external agencies YES/NO \*, such as1):

* Police
* Ambulance Service
* State Fire Service
* National Labour Inspectorate
* Public Prosecutor’s Office

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| ...................................................... |
| *signature of the Contractor's representative/Team Leader* |

\* delete as appropriate

1) tick as appropriate

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| ................................................. | | ....... | ............................................. | ..................... | |
| Contractor | |  | Place, | date | |
| **Incident information**  **Part II: Supplementary information** | | | |

1. Incident category

(accident at work – collective/serious/ fatal/minor, dangerous incident, fire hazard or other)

1. Incident description

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1. Incident causes

Direct cause …………………………………………………………………………………..

Indirect cause

* Technical:
* Organisational:
* Human error:

1. Consequences (assets/human)

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1. Findings and recommendations, including manner of implementation

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| ...................................................... |
| *signature of the Contractor's representative/Team Leader* |