



## INCIDENT REPORT FORM

E-mail to: [Info@npa.gov.gh](mailto:Info@npa.gov.gh)  
 Fax to : +233-0302-766196

### 1 Reporter

Name: \_\_\_\_\_ Company : \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Date of report: \_\_\_\_\_ Time of report: \_\_\_\_\_

### 2 Incident details

Date of incident: \_\_\_\_\_ Industrial site   
 Depot   
 Time of incident: \_\_\_\_\_ Transport   
 Petrol station   
 Location: \_\_\_\_\_ LPG filling plant   
 Other (Specify)

### 3 Nature

Minor	<input type="checkbox"/>	Collision	<input type="checkbox"/>	Daily Operation	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>
Serious	<input type="checkbox"/>	Explosion	<input type="checkbox"/>	Attack	<input type="checkbox"/>
Major	<input type="checkbox"/>	Pollution	<input type="checkbox"/>		<input type="checkbox"/>
Catastrophic	<input type="checkbox"/>	Spillage	<input type="checkbox"/>		<input type="checkbox"/>

### 4 Casualties

	No. Injured	No. dead
Employees	<input type="text"/>	<input type="text"/>
Contractors	<input type="text"/>	<input type="text"/>
Third party	<input type="text"/>	<input type="text"/>

### 5 Damages

	Equipment	Premises	Other (Specify)
Damaged	<input type="text"/>	<input type="text"/>	<input type="text"/>
Destroyed	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 5 Communication

	Police	EPA	Fire Service
Already informed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Specify)	<input type="text"/>		

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