

**FORMULIR PELAPORAN INSIDEN
INCIDENT REPORT FORM**



Form ini harus di isi selengkap mungkin oleh atasan korban/saksi dan dikirim ke departemen SHE cabang / This Incident Report Form shall be completed by superior of victim/witness and sent to branch SHE department Pengiriman harus dilakukan 1 x 24 jam / Shall be submitted within 1x 24 hours

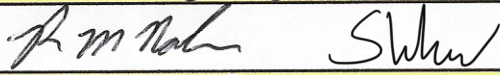
Tanggal Insiden / Date of Incident	: 01/08/2020
Waktu Insiden / Time of Incident	: 14:30
Nama / Name	: Russell Nolan
SN Karyawan / Employee SN	: 2058
Jabatan / Job Title	: Techsupport Manger - Productivity & Technology Solutions
Supervisor langsung / Immediate Supervisor	: Simon Lawton
Departemen - Cabang / Department - Branch	: Head Office
Lokasi Insiden / Incident Location	: JI Benda, Kemang, Jakarta
Nama Saksi / Name of Witness	: NA
SN Saksi / Witness SN	: NA
Jabatan / Job Title	: NA
Departemen / Department	: NA

Kemungkinan Klasifikasi Insiden / Possibility Classification of Incident				
<input type="checkbox"/> Kematian (Fatality)	<input type="checkbox"/> LTC	<input type="checkbox"/> RWC	<input type="checkbox"/> MTC	<input type="checkbox"/> FAC
<input type="checkbox"/> Near-Miss	<input type="checkbox"/> Pencemaran Berat	<input type="checkbox"/> Pencemaran Sedang	<input type="checkbox"/> Pencemaran Ringan	
<input checked="" type="checkbox"/> Kerusakan Kendaraan (vehicle)	<input type="checkbox"/> Kerusakan Peralatan (equipment)	<input type="checkbox"/> Kerusakan Fasilitas (property)		

Deskripsi Singkat Insiden / Brief Description of Incident
A person riding a motor bike was overtaking the car and there was another car that was on coming and the motor bike rider swerved inwards towards the car I was driving to avoid the on coming vehicle an hit the drivers side mirror. When the motor bike hit the mirror it broke the mirror mounting bracket

Fakta Temuan / Fact Finding	Tindakan Langsung / Immediate Action
	Take the vehicle to my house

Foto / Photograph	
	

Dilaporkan oleh / Reported by Russell Nolan	Tanda Tangan / Signature 
Waktu & Tanggal Pelaporan / Time & Date Reported 4-08-2020, 9:00am	Departemen / Department Customer Service

Catatan:- Gunakan lembar kosong dan lampirkan apabila lembaran ini tidak mencukupi / Note:- Please use and attach an additional sheet of paper if this space is insufficient
 * Incident dengan cedera lanjutkan dengan lembar laporan medis / Incident with injury proceed with medical report form

Diisi oleh departemen SHE	
<input type="checkbox"/> terjadi di jam kerja yang disetujui	jika terpenuhi kedua kondisi, harus dilakukan penyelidikan
<input type="checkbox"/> melakukan pekerjaan yang disetujui	jika terpenuhi salah satu kondisi, boleh dilanjutkan penyelidikan
penyelidikan insiden dilakukan? Ya <input type="checkbox"/> Tidak <input type="checkbox"/>	