**ELECTRIC VEHICLE CHARGING OPERATOR**

**48 HOURS INCIDENT REPORT**

|  |  |
| --- | --- |
| Company Details | |
| Company Name |  |
| UEN |  |
| Point of Contact Details | |
| Full Name |  |
| Contact Number |  |
| Email Address |  |
| Incident Details | |
| Type of Incident  (Check all that apply) | [ ] Electrical-related incident  [ ] Fire-related incident  [ ] Other safety or security-related incident resulting in casualty or death (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| date and time of incident |  |
| Address of incident |  |
| description of Incident   * Outline what happened * describe Casualities, fatalities or damages to other property (if any) * preliminary cause of the incident * attach any photographs at the last page (if applicable) |  |
| Actions taken   * Outline any actions taken immediately after the incident, such as providing first aid, contacting emergency services, cutting off power supply etc * attach any photographs at the last page (if applicable) |  |
| Preventive Measures   * Detail steps TAken to prevent future recurrence of similar incidents |  |
| Witness details (if applicable) | |
| witness 1 name |  |
| witness 1 contact number |  |
| witness 2 name |  |
| witness 2 contact number |  |

Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *<Where applicable, insert photographs here>* |