**ELECTRIC VEHICLE CHARGING OPERATOR**

**48 HOURS INCIDENT REPORT**

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| 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>* |