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| --- | --- |
|  | EHS Immediate Action Notification |
| Contact  Dariusz Nowak  Health & Safety Director  [dariusz.nowak@echo.com.pl](mailto:dariusz.nowak@echo.com.pl) |  |

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| **Distribution:**  Echo Investment S.A. |

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| For Immediate Direct Communication | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Type of incident:** | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Project:** |  | | | | **Name of person reporting the incident:** | | |  | **Tel No** | | --- | |
|  | | | | | | | | | | | | |
| **Date of incident:** | |  | | | | **Time of the incident:** | | | | | |  |
|  | | | | | | | | | | | | |
| **Employing company:** | | | |  | | | **Trade / Profession:** | | |  | | |
|  | | | | | | | | | | | | |
| **Nature of injury:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Details of incident:**  **Immediate causes of incident:**   * xxx   **Underlying causes of incident:**   * xxx | | | | | | | | | | | | |
| Immediate actions taken:   * xxx | | | | | | | | | | | | |
| **The following actions to be taken:**   * xxx | | | | | | | | | | | | |
| ***Pictures:***  Place where work was conducted      **Required feedback information from site:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ undertook the following actions in response to this report:**  ***(name of the project)*** | | | | | | | | | | | | |