Form VE-7050: Non-Injury Incident Form

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Revision 1

Date of Incident: _____/_____/_____

Time of Incident: _____ a.m. p.m.

Date Reported: _____/_____/_____

_____

Incident Type:

☐ Chemical Spill
☐ Property Damage
☐ Vehicle Accident
☐ Product Loss
☐ Other: _____

Information:

Last Name: _____ First Name: _____

Plant Location:_____ Location in Plant:_____

Incident Name:_____

Brief Description:_____

Affiliation:

☐ Syngenta Employee ☐ Contract Employee (Agency_____)

☐ Contractor _____ ☐ Visitor

Incident Summary (Provide a detailed description of the accident – attach additional pages if necessary):

I hereby certify that the above information is true and correct to my understanding of the incident.

_____ _____ _____

Print Name ***Signature*** ***Date***

Witness Name(s)	***Phone***
_____	(___)_____
_____	(___)_____
_____	(___)_____