



GLASS, BRITTLE PLASTICS, AND CERAMICS INCIDENT REPORT

DATE & TIME	INCIDENT	LOCATION AREA

GLASS BREAKAGE/BODY FLUIDS/EMPLOYEE INCIDENT

DESCRIPTION OF INCIDENT

PRODUCT OR PERSONNEL AFFECTED DURING BREAKAGE

ROOT CAUSE ANALYSIS	CORRECTIVE/PREVENTIVE ACTIONS

NAME OF SUPERVISOR	EMPLOYEE NAME / DOB
DATE AREA RELEASED / NOTES	EMPLOYEE HOME ADDRESS
Responsible person(s) signed mean area is cleaned, safe, and further operations may resume.	

This document may not be completed in pencil nor contain white-out. Draw a single line through and initial any errors.