



INTEGRATED BIOREPOSITORY OF H3AFRICA UGANDA

FORM

TITLE: INCIDENT REPORT		Supersedes #: None
FORM#: IBRH₃AU-FORM-006	Effective Date: 09/01/2014	

Case number.....

Employee's name.....

Job title.....

Date of injury.....

Where event occurred.....

Description of injury/body part affected/equipment that caused injury:

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