**Incident Log**

**Document Number: 309**

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| Facility name |  | Department Name |  | Head of Department |  |

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| **General description of incident** | | | | | | | | **Response and follow up** | | |
| **Date of incident** | **Location of incident** | **Spill** | **Needle- stick injury** | **Other injury** | **Fall** | **Breakage** | **Other** | **Action taken/follow-up required** | **Person responsible for follow up** | **By when** |
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