

Gas Station Incident Report Form

Safety & Compliance

DATE	TIME	STATION	REPORTED BY
___/___/___			

PERSON INVOLVED

Name _____

Staff / customer / driver _____

Contact details _____

Vehicle registration (if vehicle incident) _____

INCIDENT DETAILS

Location (pump #, store, car park) _____

Type Fuel spill Customer injury Vehicle collision Drive-off Robbery / threat Equipment failure OtherDescription

Conditions (weather, lighting) _____

EMERGENCY RESPONSE

Emergency services called No Fire Police Ambulance EnvironmentalSpill contained Yes No N/A

First aid given _____

 Area secured

WITNESSES

Witness 1 _____

Witness 2 _____

CCTV cameras and times _____

 Photos taken

FOLLOW-UP

Immediate action taken

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Preventive action

Insurance notified

Reporter signature

Manager signature

Notes

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