RSPO Independent Smallholder Incident Form

This incident form is to be used by the ISH Group Member to support the implementation of **Criteria 3.5.** Please complete this form if any form of incident that involves worker(s) being employed or engaged by an Independent Smallholder occurs on the plot of land managed or with rights to cultivate on by said Independent Smallholder.

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| **SECTION 1: INDEPENDENT SMALLHOLDER GROUP MEMBER DETAILS** | |
| Name of RPSO ISH Group |  |
| Name of Group Member |  |
| Province / Country |  |
| Date of submission |  |
| Contact Number |  |
| E-mail (Optional) |  |

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| **SECTION 2: INFORMATION ON INCIDENT** | |
| Date of Incident |  |
| Time of Incident |  |
| Name of Incident Manager |  |
| Title/ Role of Incident Manager |  |
| Contact Number |  |
| Location of Incident |  |

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| **SECTION 3: INCIDENT INFORMATION** |
| **3.1 Incident Description:** |
| **3.2 Incident Impact Assessment:** |
| **3.3 Resulting Damage(s) (If any):** |
| **3.4 Immediate Action Taken** |
| **3.5 Planned Action and Resulting Preventative Measures:** |
| **3.6 Additional Information (If any):** |

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| **SECTION 4: INCIDENT MANAGER DECLARATION** |
| I hereby declare that all information as set out in this form has been verified true to the best of my knowledge and in accordance with my duties as the Appointed Incident Manager of [GROUP NAME] during the period of incident occurrence.  SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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