

Dolomite Incident Report Form

UNIT NR:		NAME:	
CONTACT NR:		EMAIL:	

INCIDENT:

RATING (Mark with an "X")

☐	Immediate action needed
☐	Inspection or Investigation Needed
☐	Concern

WHO WAS NOTIFIED (Mark with an "X")

Caretaker	☐ Y	☐ N	Name	Date
Trustee	☐ Y	☐ N	Name	Date
Risk Inspector	☐ Y	☐ N	Francois Thiar (cf.thiart@gmail.com) 0828030995	Date

OWNER/TENANT SIGNATURE

DATE

TO BE COMPLETED BY THE RISK INSPECTOR/TRUSTEE/CARE TAKER:

ACTIONS TAKEN:

RISK INSPECTOR/TRUSTEE/CARE TAKER

DATE