|  |
| --- |
| **Personal Injury and/or Property Damage Report Form** |

Instructions: Use this form to report any incidents of personal injury and/or property damage associated with an OMNI-certified product. For products with Canadian certification by OMNI, also report all safety-related incidents or safety-related recalls, whether or not actual injury has occurred.

|  |  |
| --- | --- |
| Manufacturer’s Name |  |
| Product/Report # |  |
| Date of Incident |  |
| Summary of Description |  |
| What actions has the client taken to resolve issue? |  |

If the incident is deemed to be of enough risk, OMNI will notify Regulatory bodies of incident. ALL Recalls must be communicated to Regulatory bodies.

|  |  |  |  |
| --- | --- | --- | --- |
| Name and contact information of Party (Parties) involved: | | | |
| Name |  | Name |  |
| Address |  | Address |  |
| Phone |  | Phone |  |
| Email |  | Email |  |

|  |  |
| --- | --- |
| Name and contact information individual who filled this form out: | |
| Name |  |
| Phone |  |
| Email |  |

If needed, put any additional information on a separate page.  
Send this report to:

**OMNI-Test Laboratories, Inc.**

**Attention: Inspections Department**  
13327 NE Airport Way

Portland, OR 97230

Fax: (503) 643-3799

or

E-mail: [inspections@omni-test.com](mailto:inspections@omni-test.com)

|  |  |
| --- | --- |
| Decision by OMNI Moving Forward  (Steps taken for resolution) |  |

|  |  |  |
| --- | --- | --- |
| Authorized Signatory: |  | |
| Title |  | |
|  | |  |
| *Signature of trainer/qualifier* | | *Date* |