

**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:

Date of Incident:

Summary description of incident including extent of injury and/or damage:

Name and contact information of Party (Parties) involved:

|  |  |
| --- | --- |
| Name: Address:  Phone: E-mail:  | Name: Address:  Phone: E-mail:  |

This form prepared by:

Name:

Phone:

E-mail:

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