

INCIDENT REPORT FORM

Person making the incident report:			
Date incident occurred: / /		Date report made: / /	
Time and location of incident:			
Incident impacted on:			
<input type="checkbox"/> Person/s	<input type="checkbox"/> Assets	<input type="checkbox"/> Environment	<input type="checkbox"/> Other
Describe what occurred (including potential causes/reasons): 			
Names of persons involved, how they were involved and the nature of any injuries: 			
Describe the nature, date and time of any first aid treatment if applied: 			
Witnesses: Name: Contact details: 			
Immediate action taken: 			

Investigated by: Position: Signature:	Date: / /
Investigation findings/recommendations:	
Corrective action taken:	

***All Critical Incidents must have a Risk Assessment completed for the incident.** That risk assessment, any other relevant completed risk assessments, records of staff interviews and any other supporting documentation are to be kept with this form.

OFFICE USE:

Incident reported to (include client):	Date: / /
Register entry:	Date: / /
Incident closure:	Date: / /