# Incident Report

**Details of person making the report**

| | | | |
|---|---|---|---|
| **Surname**: | | **Title:** | |
| **First Given Name:** | | | |

**Details of the incident**

| | |
|---|---|
| **Date occurred:** | |
| **Time occurred:** | |
| **Location of incident:** | |
| **What happened?** | |
| **Who witnessed the incident?** | |

**Prevention suggestions:**

| | |
|---|---|
| **What caused the incident?** | |
| **How could this be prevented?** | |
| **Were any immediate controls put in place?** | |
| **Who has current responsibility?** | |

| | |
|---|---|
| **Is an investigation required?** | |

By signing this form, I certify that the information provided is true and correct.

Signed: _____ Date: _____ / _____ / _____

Name of person completing report: _____

**For Supervisor**

Supervisor's comments: _____

_____

_____

_____

_____

Does this incident require further investigation? ☐ Yes ☐ No

Does the severity of this incident require notification to external organisations? ☐ Yes ☐ No

Supervisor's signature: _____ Date: **DD / MM / YY**