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**