

# INCIDENT REPORTING FORM

Location of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Reported By (Name): \_\_\_\_\_

Contact Information: \_\_\_\_\_

## Incident Details:

Please provide a detailed description of the incident including what happened, how it happened, who was involved, and any immediate actions taken. Use additional pages if necessary.

## Persons Involved:

Full Name: \_\_\_\_\_

Role/Position: \_\_\_\_\_

Contact Details: \_\_\_\_\_

## Witnesses (if any):

Full Name: \_\_\_\_\_

Contact Details: \_\_\_\_\_

## Description of Injuries or Damages:

Describe any injuries sustained or property damages resulting from the incident. Include severity, treatment provided, and any ongoing concerns.

## Immediate Actions Taken:

Detail any measures taken immediately after the incident to contain, report, or rectify the situation.

## Further Actions Required / Recommendations:

Specify any further investigation, repairs, or follow-up actions recommended or required.

## Reporting Officer's Name and Signature:

\_\_\_\_\_

Position: \_\_\_\_\_

Date of Report: \_\_\_\_\_

## Legal Compliance and Declaration:

I declare that the above information is true to the best of my knowledge and belief. I understand that knowingly providing false or misleading information may lead to legal consequences under the laws of the United Kingdom. This form is submitted in compliance with applicable health, safety, and incident reporting regulations.

**Reporting Officer Signature**

**Witness Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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