INCIDENT REPORT

Date of incident:	Time:	Location:
Type of incident:		

Describe the incident

Details of injury (if applicable)

Actions taken

Reported to doctor	☐ Yes ☐ No	If yes, name of doctor	
Ambulance called	☐ Yes ☐ No	If yes, transport to hospital	☐ Yes ☐ No
NOK notified	☐ Yes ☐ No	If yes, who/when	
Team leader notified	☐ Yes ☐ No	If yes, name of team leader	
HR/SOM notified	☐ Yes ☐ No	If yes, name of person notified	

Outcome of incident

What causes were identified for this incident

SIGNATURE

Name:		**Signature:**	
Date:		**Designation:**	