**1 INCIDENT REPORT FORM INSTRUCTIONS**

TEAR-OUT 2.8 **Emergency Preparedness Framework**

INCIDENT REPORT FORM

Contact information for the person reporting the Incident:

|  |  |
| --- | --- |
| Name: | Date: |
| Address: | Phone: |
| Email: |

Description of Incident (what occurred / cause / sequence / actions that led to and resulted from the Incident):

|  |  |
| --- | --- |
| Nature of Injury / Damage: | Severity of Injury / Damage: |
| Date / Time of Incident: | Location Incident Occurred: |
| Action Taken: |
| Individuals Present: | Contact: |
| Incident Reported to(list individuals / agencies):  | Dates / Time of Reports: |
| Ambulance Called: |
| Police Informed: | Report Attached: Y / N |
| Police File Number: |
| Photos Attached: Y / N |
| Change to Policy / Procedure Required: |
| Form Completed by: | Signature: |
| Form Received by: | Signature: |