**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: |