

INCIDENT REPORT FORM

SAFE Project

Duty manager to fill in this form following any incident or near-miss, Confidential

Reference:	Name:	Date:
1. Subject:		
2. Incident (include date, time, location, background and build up to incident, people involved, witnesses if present, authors comments etc):		
3. Action Taken (facts):		
4. Follow up action / Recommendations (to prevent re-occurrence):		
5. Final Outcome:		
6. Duty Manager's comments:		Signed: Duty Manager: Director:
DISTRIBUTION:		