|  |  |
| --- | --- |
| **INCIDENT NUMBER** | **SFSS-MONTH-0001** |
| **DATE REPORTED** | **TIME** |
|  |  |
| **OCCURRED FROM DATE** | **TIME** |
| Click here to enter a date. |  |
| **OCCURRED TO DATE** | **TIME** |
| Click here to enter a date. |  |

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| --- |
| **BUILDING:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **CLASS TYPE** | **CATEGORY** | **LOCATION** | **ZONE** |
|  |  |  |  |
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| **EXECUTIVE SUMMARY** |
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| **REPORTED TO** | **TITLE** | **INCIDENT NUMBER** |
| Choose an item. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INVOLVED PERSONS** | | | | |
| **LAST NAME** | **FIRST NAME** | **INVOLVEMENT** | **GENDER** | **EMPLOYEE** |
|  |  |  |  |  |
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| **INCIDENT NARRATIVE** |
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| --- | --- | --- | --- |
| **NOTIFICATION** | | | |
| COMMAND CENTER: 416 – 000-0000 | | YES | NO |
|  |  |
| SECURITY LEAD: 647 – 000 – 0000 | | YES | NO |
|  |  |
| PUBLIC HEALTH SUPERVISOR: | | YES | NO |
|  |  |
| EMERGENCY RESPONSE SERVICE: 911 | | YES | NO |
| BADGE # |  |  |  |

|  |  |  |
| --- | --- | --- |
| **GUARD NAME** | **DATE** | **SIGNATURE** |
|  |  |  |