# Infection Incident Report Template

**Details of person completing this record**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Position |  | |
| Date and time record was made | /     / | AM/PM |
| Signature (must be handwritten) |  | |

|  |  |
| --- | --- |
| Breach of infection control encountered | *Add more rows as necessary.* |

**Incident details**

|  |  |  |
| --- | --- | --- |
| Incident date and time | /     / | AM/PM |
| Type of incident |  | |
| Incident location |  | |
| General description of the incident |  | |
| Name of witness |  | |
| Signature of witness (must be handwritten) |  | Date:      /     / |

**Action taken**

|  |
| --- |
| Details of action taken (clean up, disinfection, etc.): |
| Risk management strategies implemented: |
| Have any steps been taken to prevent or minimise this type of incident in the future? |

**Additional notes**

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End of Infection Incident Report Template