

Incident report form

Systematic Work Environment Management, AFS 2001

Name	Staff	Student
	<input type="checkbox"/>	<input type="checkbox"/>
School/department		
Email		

When did the incident occur?	
Date	Time
Where did the incident occur?	
What happened? Describe the incident.	
What do you believe caused the incident?	
What measures need to be taken to avoid another similar incident? (to be filled in by manager)	
Is further investigation of the incident needed?	
Yes	No

Date	Signature, notifier of incident
Signature, head of school/manager	Signature, health and safety representative

Forward the completed form to HR