**Incident Report Form**

**2020-21**

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| **Overarching Details:** | | | | |
| **Date of Incident:** |  | **Time of Incident:** | |  |
| **Type of Incident:** |  | | | |
| **Nature of Injury/ies (if applicable):** |  | | **Riddor Reportable: YES/NO** | |
| **Reported to Police (if applicable):** |  | | | |

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| **Part 1 – Incident Details:** | |
| **What happened:** |  |
| **Actions taken at the time:** |  |
| **Causes/factors leading up to the incident occurring (if any):** |  |

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| **Part 2 – Personal Details of Person(s) Affected:** | | | |
| **Full Name(s):** | | **Under 19** | **Yes/No** |
| **Course/Programme attending:** | | | |
| **Emergency contact notified?** |  | | |

**or**

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| **Part 3 – Venue/other Affected:** |
| **Venue:** |
| **Specific location of incident:** |

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| **Part 4 – Provider Details:** | |
| **Full Name and address:** | |
| **Member(s) of Staff present at time of incident (if any):** |  |

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| **Part 4 – Risk Control Measures:** | | |
| **Detail risk control measures identified to be put in place as a result of the incident:** | | |
| **Action** | **By Whom** | **By When** |
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| **Part 5 – Person completing this form:** | |
| **Name:** |  |
| **Role:** |  |
| **Date:** |  |

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| **Part 6 – Management Response:** | |
| **Received by:** |  |
| **Role:** |  |
| **Date:** |  |
| **Actions to be taken:** |  |
| **Follow up date:** |  |

I confirm there are no further actions to take regarding this incident.

Signed…………………………………………………………………………………….

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| **Close Down Date:** |
|  |

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| **Report Quality Sampled by QA Officer:** |  | **Date:** |  | **Approved** | **Yes/No** |