



## REPORTABLE INCIDENT RECORD

Incident record for \_\_\_\_\_ (name of provision)

Date and time of incident

Name of person reporting incident

Police crime reference number (if app)

### Nature of incident

- |                                      |                          |                                    |                          |                                                 |                          |
|--------------------------------------|--------------------------|------------------------------------|--------------------------|-------------------------------------------------|--------------------------|
| Break-in, burglary or theft          | <input type="checkbox"/> | Gas leak                           | <input type="checkbox"/> | Notifiable illness or disease or food poisoning | <input type="checkbox"/> |
| Intruder gaining unauthorised access | <input type="checkbox"/> | Electrical failure                 | <input type="checkbox"/> | Death of a child or adult                       | <input type="checkbox"/> |
| Fire                                 | <input type="checkbox"/> | Attack on a practitioner or parent | <input type="checkbox"/> | Terrorist attack or threat of one               | <input type="checkbox"/> |
| Flood                                | <input type="checkbox"/> | Discriminatory incident            | <input type="checkbox"/> | Other (please state) _____                      |                          |

### Person(s) witness to or involved in incident where necessary (If the person affected was injured please also complete an accident record)

1: Full name \_\_\_\_\_ Job title (if applicable) \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
Home address \_\_\_\_\_

2: Full name \_\_\_\_\_ Job title (if applicable) \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
Home address \_\_\_\_\_

3: Full name \_\_\_\_\_ Job title (if applicable) \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Home address \_\_\_\_\_

4: Full name \_\_\_\_\_ Job title (if applicable) \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Home address \_\_\_\_\_

5: Full name \_\_\_\_\_ Job title (if applicable) \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Home address \_\_\_\_\_

**Please write brief details of the incident**

(including the place of incident, what happened, who was involved, how you dealt with the incident and the involvement of any other organisations, such as the emergency services)

*continued...*

**Actions and outcomes**

Was the incident reported to the police? Yes  No

Was the incident reported to Ofsted? Yes  No

Other organisations notified (please state) \_\_\_\_\_

Any follow-up made (e.g. insurance claim made or legal action)

Have you carried out a risk assessment or reviewed your emergency plans to determine if any improvements are necessary? Please give details below.

Any other comments