LIFE CYCLE INSTITUTE

Incident Report Form

Date of Incident: **Date Report Completed:**
Investigator:

Incident Summary
Provide a high-level description of an incident or event

Initiating Event
Describe any initiating event and how the event was detected

Incident Description
What was observed, where did it occur and how does it differ from what's expected

Persons Involved
Individuals (full name and title) present, and witnesses

Evidence
List all evidence noted, photographed or recovered from the area of the incident

Immediate Actions
What immediate action was taken to stop, slow or correct the event?

Impacts
What immediate impact resulted from the event? What other operations were affected?

Further Investigation
Is further investigation warranted to ensure the root cause has been identified and resolved?