**INCIDENT REPORT**

This form is to be completed whenever an incident takes place on site. It is to be cross referenced with the Daily Occurrence Book entry..

**Part 1 – To be completed by the Security Officer**

| Control Room notified? | Y | **☐** | N | **☐** | Occurrence Book Serial: |  |
| --- | --- | --- | --- | --- | --- | --- |
| Control Room Reference Number: | | | | |  | |
| Date of Incident: |  | | | | Time of Incident: |  |
| Site Name: |  | | | | Site Number: |  |
| Customer: |  | | | | | |
| Address: |  | | | | | |
| Security Officer Name: |  | | | | ID Number: |  |

| **Details of Persons / Vehicles Involved** | |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone Number: |  |
| Details of any vehicles involved (Registration, make, model etc): |  |

| **Emergency Services - Police** | | | | |
| --- | --- | --- | --- | --- |
| Police informed? | Yes | **☐** | No | **☐** |
| Time Informed: |  | | | |
| Time Attended: |  | | | |
| Time Departed: |  | | | |
| Police Reference Number: |  | | | |

| **Emergency Services - Fire** | | | | |
| --- | --- | --- | --- | --- |
| Fire Service informed? | Yes | **☐** | No | **☐** |
| Time Informed: |  | | | |
| Time Attended: |  | | | |
| Time Departed: |  | | | |

| **Emergency Services – Ambulance** | | | | |
| --- | --- | --- | --- | --- |
| Ambulance Service informed? | Yes | **☐** | No | **☐** |
| Time Informed: |  | | | |
| Time Attended: |  | | | |
| Time Departed: |  | | | |

| Client informed? | Yes | **☐** | No | **☐** |
| --- | --- | --- | --- | --- |
| Time Informed: |  | | | |
| Instructions issued by customer: |  | | | |
| Time Attended: |  | | | |
| Time Departed: |  | | | |

| Details of the Incident: |
| --- |
|  |

**This statement must be printed and signed by the reporting Security Officer.**

| Name of Security Officer: |  |
| --- | --- |
| PIN Number: |  |
| Signature: |  |
| Date: |  |

**Part 2 – To be completed by Line Manager**

| Need to notify Head office | | Yes | | **☐** | | | No | | | | **☐** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Informed: |  | | | Time Informed: | | | | |  | | | |
| Corrective Actions: | |  | | | | | | | | | | |
| Agreed By: | |  | | | | | | | | | | |
| Has an Adverse Event Form been completed? | | | Yes | | **☐** | No | | **☐** | | N/A | | **☐** |

| Details of Follow Up Action: |
| --- |
|  |

| Name: |  |
| --- | --- |
| Position: |  |
| Signature: |  |
| Date: |  |

**This completed Incident Report should be scanned to the Customer File.**