



Incident Notification

Personal Injury Damage Process Loss Other Incident	Location:	
	Department:	Date:

Nature of Loss	Injury, Damage, Process Loss or Potential Loss:
Description of Incident	Information Available At This Time:
Apparent Causes	Apparent Causes At This Time:

Checklist for Review:

- Is proper documentation kept and available?
- Are investigation responsibilities identified?
- Does everyone know the procedure?
- Are those responsible for conducting investigations properly trained?
- Are follow up procedures and responsibilities clearly defined?
- Were the goals and objectives determined at the last review meeting?
- Other: _____

Recommendations, Comments or Concerns:
