



Incident Report

Reported by:

Job Title:

Incident location:

Date:

Time:

Who was involved? [Include anyone who was involved in the incident – staff, officers, students or others.]

What happened? [Describe step-by-step what happened before, during and after the incident.]

Do you know why it happened? [Explain what factors contributed or caused the incident.]

Was anyone hurt? [Describe any injuries resulting from the incident and/or if any medical attention was necessary.]

Is there anything that could have prevented or mitigated it? [List any recommendation to prevent this incident from happening again.]

Reporting staff signature:

Additional witness signatures:

For Internal use only:

HR Comments	
H&S Comments	

Completed forms must be submitted to hisa.operations@uhi.ac.uk