****

**Appendix A**

**Health and Safety Incident Report Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Incident** | | | | |
| Name of person reporting incident | |  | | |
| Role | |  | | |
| Please give details of the incident / cause for concern (including who, where, when, what, how) | | | | |
| Date the incident / cause for concern occurred | | | | |
| Signed |  | | Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Investigation** | | | | |
| Carried out by | |  | | |
| Position | |  | | |
| Please give details of the investigation and findings | | | | |
| Recommended Preventive Actions | | | | |
| Signed |  | | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Actions** | | | |
|  | | | |
| Carried out by |  | | |
| Role |  | | |
| Signed |  | Date |  |