

INCIDENT RECORDING FORM

RB HEALTH AND SAFETY SOLUTIONS

Date

Name

Position

Company / Venue

Reference Number (if applicable)

Incident Type (Violence/Theft/Intruders/Terrorism/Vandalism/Protestor)



Reference Number *(if applicable)*



Description of Incident

A large, empty rectangular area intended for the description of the incident.



Reference Number *(if applicable)*



Actions Taken

(Emergency Services/Escalation to Management/Risk Assessment/Control Measures in place)

A large, empty light gray rectangular area intended for recording actions taken.



Reference Number *(if applicable)*



Witness Details (Name, Contact, Role)

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Witness Details (Name, Contact, Role)

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Witness Details (Name, Contact, Role)

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Witness Details (Name, Contact, Role)

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