

INCIDENT REPORT

General Information	
Location:	Date: ___/___/___ Yr / Mo / Day
Level:	Time:
Reported By:	Phone:
Incident/ Issue description (summary of known facts only):	

Questions to Ask
1. What is the issue, event or situation?
2. Who is the senior staff member on-site?
3. What is his/her contact number?
4. Has any other senior executive(s) been contacted? Who?
5. When did it happen?
6. Where did it happen, or what parts of the building are affected?
7. What are the weather conditions? (Wind? Precipitation? Temperature? Visibility?)
8. Is there access to the building - site evacuated, restricted access?
9. What is the extent of the damage internally and externally?
10. What is the status of premise security? (Police or security guards at scene, doors, windows secure)?

Questions to Ask

11. Is the media on site?

12. What is the status of the computer and telephone systems?

13. What is the status of the telephones - main telephone line, switchboard working?

14. Are police, fire, ambulance responding to the incident?

15. What is the status of the surrounding roadways – blocked? Slow moving traffic? Can staff access the site?

16. Are there injuries or death? Describe.

Detailed Information

Current Status:

Known and anticipated extent of loss/damage:

Detailed Information

Agency	Person in Charge	Role	Contact Number
Police			
Fire			
EMS			
City			