

**Details of person reporting the incident**

<b>Full name</b>	
<b>Job title</b>	
<b>Email address</b>	
<b>Telephone</b>	
<b>Your manager</b>	


**Incident Date and Time**

<b>Date of Incident</b>	
<b>Time of Incident</b>	
<b>Who was affected?</b>	
<b>Full name</b>	
<b>Job title</b>	
<b>Email address</b>	
<b>Telephone</b>	

**Details of Incident**

<b>Was the person injured?</b>	<input type="checkbox"/> Yes	Details:
	<input type="checkbox"/> No	
<b>Was anyone else involved in the incident?</b>	<input type="checkbox"/> Yes	Details:
	<input type="checkbox"/> No	
<b>Organisation</b>		
<b>Incident Location</b>		
<b>Exact Location</b>		
<b>Description</b> <i>Enter brief facts, not opinions. Do not enter names of people.</i>		
<b>Action taken at time of incident?</b> <i>Enter brief facts, not opinions. Do not enter names of people.</i>		

## Incident Classification

<b>Type</b>	<input type="checkbox"/> Incident affecting patient <input type="checkbox"/> Incident affecting staff <input type="checkbox"/> Incident affecting visitor / contractor / member of public <input type="checkbox"/> Incident affecting organisation															
<b>Category</b> <i>See Incident Policy for definitions</i>	<input type="checkbox"/> Information or confidentiality breach ( <i>See Information Incident management and reporting procedure</i> )															
<b>Incident result</b>	<input type="checkbox"/> Harm caused <input type="checkbox"/> No harm caused <input type="checkbox"/> Near miss															
<b>Severity</b>	<div style="text-align: right;">             Standard Operating            Procedures for Repor         </div> <p>Use Information Incident Severity Assessment tool:</p> <table border="1" data-bbox="488 801 1177 992"> <thead> <tr> <th>Score</th> <th></th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Baseline Scale</td> <td style="text-align: center;"><del>X</del></td> <td></td> </tr> <tr> <td>Sensitivity factors</td> <td>Low</td> <td></td> </tr> <tr> <td></td> <td>High</td> <td></td> </tr> <tr> <td><b>Final Score</b></td> <td></td> <td></td> </tr> </tbody> </table> <p>Final score: 1 or less – Level 1 SIRI (not reportable)            2 or more – Level 2 SIRI (reportable)</p>	Score		Score	Baseline Scale	<del>X</del>		Sensitivity factors	Low			High		<b>Final Score</b>		
Score		Score														
Baseline Scale	<del>X</del>															
Sensitivity factors	Low															
	High															
<b>Final Score</b>																
<b>Other information</b>																
<b>Reported to Risk Co-ordinator</b>	Date: Signed:															

## Incident report review

<b>Received and approved by:</b>	
<b>Amendment to grading:</b>	
<b>Uploaded to incident log by:</b>	Date: Signed: