

Incident report

Incident Form

Name and role of person completing this form:
Signature of person completing this form:
Date:
Nursery setting:

Incident

Date and time of incident:
Name of person/s involved in the incident.
Location of the incident:
Description of incident:
Witness to incident:
Action taken – inform parent by telephone call – internal investigation – investigation by OFSTED – investigation by other agencies.
Treatment given

Did incident require parent to be contacted? YES / NO

Did incident require hospital treatment? YES / NO

Staff signature: _____ date: _____

Parent signature: _____ date: _____

office use only - Health and safety officer name _____

Date checked _____ signature _____ any actions implemented - YES / NO