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Adverse Incident Reference No.

Adverse Incident form

This form should be completed for all adverse incidents. This includes health and safety incidents, near misses **and** accidents.

Person Affected			
Status (<i>staff, tenant, contractor</i>)			
Date		Time	
Site		Exact Location (e.g room)	
Details			
Harm (details)			
Damage to CHS property			
Action taken at the time of the incident			

Incident Grading

Please grade the incident based on the information available at the time. For guidance on how to evaluate the initial impact, please look [here](#)

Initial Severity (Red/amber/green)	
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Person Completing Form	
Job Title	
Date completed	

Please make sure once this form is completed it is sent to your manager as soon as possible.