

## INCIDENT REPORT FORM

**To: Facilities Manager**

**From:**.....

**Department:** ..... **Office Tel. No.**.....

Date of incident:	Time of incident:	a.m./p.m.
Site/Location:		
Item(s) lost, stolen or damaged:		
Brief Description of incident:		
Was the incident reported to:- The Police? Yes <input type="checkbox"/> No <input type="checkbox"/> Insurance Company? Yes <input type="checkbox"/> No <input type="checkbox"/>		

*To be completed for incidents concerning vehicles:-*

Make/Type of vehicle:
Registration Number:
Was the vehicle stolen?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the vehicle fitted with:-    Activated Alarm? Yes <input type="checkbox"/> No <input type="checkbox"/>
Operating Anti-Theft Device?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the vehicle locked?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Please mark on the reverse of this form where the vehicle was parked at the time of the incident

### For Administrative Services use only

Officer in Charge report of action taken:
Signed:..... Date:.....
Entered on Database: Yes <input type="checkbox"/> No <input type="checkbox"/>