

NIMS record no.:

The purpose of the incident form is to capture and report the incident with the initial available information. This will be followed up by the relevant department / individual within the organisation.

SECTION A: GENERAL INCIDENT DETAILS

Date of incident

D	D	M	M	Y	Y	Y	Y
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Time of incident

H	H	M	M
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Use 24 hour clock

Location

The parent location the party involved was attached to
e.g. Ward in Hospital, Room in Health Centre etc.

Offsite

Onsite

Description of incident:

Description should be brief and factual

SECTION B: PROPERTY DETAILS

What property was damaged?

State 3rd Party

Name of property owner?
(if 3rd party)

Contact details (if 3rd party)

Estimate of Damage

This is an estimate of the repair/replacement

SECTION C: INCIDENT CLASSIFICATION

INSTRUCTIONS

Please describe the cause of the incident using the *Incident Classification* table below, tick the appropriate *sub hazard* type within that table then choose the appropriate *Please Specify, Process and Problem/Cause* in that row only. Be sure to only choose one option in each column.

For example, the below extract relates to an incident where the severe winds blew roof tiles off a building, the user should choose the appropriate *Sub Hazard Type* (1) and then choose the relevant *Please Specify* (2) and *Problem/Cause* (3) within the personal row.

Sub Hazard Type	Please Specify	Problem/Cause
<input checked="" type="checkbox"/> Personal Belongings	<input type="checkbox"/> River <input type="checkbox"/> Water Supply <input type="checkbox"/> Crops <input type="checkbox"/> Land <input checked="" type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Fire <input type="checkbox"/> Forced Entry <input type="checkbox"/> Earth <input checked="" type="checkbox"/> Wind <input type="checkbox"/> Water/Flood

Step 1 points to Personal Belongings, Step 2 points to Other, Please Specify, Step 3 points to Wind.

Table 1: Property Damage/Loss (Non Crash/Collision)

Sub Hazard Type	Please Specify	Problem/Cause
Structure/Building/Fixtures	<input type="checkbox"/> Ceilings /Walls <input type="checkbox"/> Windows/Doors <input type="checkbox"/> Flooring <input type="checkbox"/> Fence/Gate/Pillar <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Confiscated/Seized/Property <input type="checkbox"/> Chemical Exposure/Contamination <input type="checkbox"/> Wear and Tear <input type="checkbox"/> Behavioural Factors <input type="checkbox"/> Fire <input type="checkbox"/> Forced Entry <input type="checkbox"/> Earth <input type="checkbox"/> Wind <input type="checkbox"/> Water/Flood <input type="checkbox"/> Human/User Error <input type="checkbox"/> Theft <input type="checkbox"/> Unknown
Systems Installation	<input type="checkbox"/> Fire System <input type="checkbox"/> Electrical Installation <input type="checkbox"/> CCTV Systems <input type="checkbox"/> IT Systems <input type="checkbox"/> Telephone/Beeper Systems <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Confiscated/Seized/Property <input type="checkbox"/> Chemical Exposure/Contamination <input type="checkbox"/> Wear and Tear <input type="checkbox"/> Behavioural Factors <input type="checkbox"/> Fire <input type="checkbox"/> Forced Entry <input type="checkbox"/> Earth <input type="checkbox"/> Wind <input type="checkbox"/> Water/Flood <input type="checkbox"/> Human/User Error <input type="checkbox"/> Theft <input type="checkbox"/> Unknown
Environment Factors	<input type="checkbox"/> Drain <input type="checkbox"/> River <input type="checkbox"/> Water Supply <input type="checkbox"/> Crops <input type="checkbox"/> Land <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Confiscated/Seized/Property <input type="checkbox"/> Chemical Exposure/Contamination <input type="checkbox"/> Wear and Tear <input type="checkbox"/> Behavioural Factors <input type="checkbox"/> Fire <input type="checkbox"/> Forced Entry <input type="checkbox"/> Earth <input type="checkbox"/> Wind <input type="checkbox"/> Water/Flood <input type="checkbox"/> Human/User Error <input type="checkbox"/> Theft <input type="checkbox"/> Unknown

SECTION C: INCIDENT CLASSIFICATION CONTINUED..

Table 1: Property Damage/Loss (Non Crash/Collision) Continued...

✓ Sub Hazard Type	✓ Please Specify	✓ Problem/Cause
<input type="checkbox"/> Personal Belongings	<input type="checkbox"/> Electrical Equipment <input type="checkbox"/> Jewellery <input type="checkbox"/> Medical Equipment <input type="checkbox"/> Money <input type="checkbox"/> Glasses <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Dentures <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Confiscated/Seized/Property <input type="checkbox"/> Chemical Exposure/Contamination <input type="checkbox"/> Wear and Tear <input type="checkbox"/> Behavioural Factors <input type="checkbox"/> Fire <input type="checkbox"/> Forced Entry <input type="checkbox"/> Earth <input type="checkbox"/> Wind <input type="checkbox"/> Water/Flood <input type="checkbox"/> Human/User Error <input type="checkbox"/> Theft <input type="checkbox"/> Unknown
<input type="checkbox"/> Work Equipment	<input type="checkbox"/> Workshop Equipment <input type="checkbox"/> Vehicle Equipment <input type="checkbox"/> Military Equipment <input type="checkbox"/> Maintenance/Gardening Equipment <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Confiscated/Seized/Property <input type="checkbox"/> Chemical Exposure/Contamination <input type="checkbox"/> Wear and Tear <input type="checkbox"/> Behavioural Factors <input type="checkbox"/> Fire <input type="checkbox"/> Forced Entry <input type="checkbox"/> Earth <input type="checkbox"/> Wind <input type="checkbox"/> Water/Flood <input type="checkbox"/> Human/User Error <input type="checkbox"/> Theft <input type="checkbox"/> Unknown
<input type="checkbox"/> Vehicle	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Bicycle <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Confiscated/Seized/Property <input type="checkbox"/> Chemical Exposure/Contamination <input type="checkbox"/> Wear and Tear <input type="checkbox"/> Behavioural Factors <input type="checkbox"/> Fire <input type="checkbox"/> Forced Entry <input type="checkbox"/> Earth <input type="checkbox"/> Wind <input type="checkbox"/> Water/Flood <input type="checkbox"/> Human/User Error <input type="checkbox"/> Theft <input type="checkbox"/> Unknown

SECTION D: REPORTED BY: *Person who discovers the incident and unless otherwise stated within the organisation, this person is responsible for completing the NIRF.*

SECTION E: IMMEDIATE ACTION TAKEN

First name _____

Surname _____

Date notified

Category of person

Local system reference no.

SECTION F: OPEN DISCLOSURE DETAILS

Was open disclosure required?

Yes No

Date of open disclosure

Time of open disclosure *Use 24 hour clock*

SECTION G: WITNESS DETAILS (Name, contact no. etc.)

Section H: SIGNATURES

Reporter Signature _____

Title _____

Date

Line Manager Signature (where required) _____

Title _____

Date