**Incident Event Summary Form**

|  |  |
| --- | --- |
| **General** |  |
| Incident Event |  |
| Incident Category | 🞎Adverse Outcome 🞎Near Miss |
| Incident Type | 🞎Injury 🞎Illness 🞎Psychosocial 🞎Harassment 🞎Property Damage 🞎Other |
| Severity Level | 🞎None 🞎Minor 🞎Moderate 🞎Serious 🞎Severe 🞎Critical |
| Number in Incident |  |
| **Date & Time** |  |
| Event Date |  |
| Time Event Occurred |  |
| **Activity** |  |
| Activity Type | Describe activity at time of incident |
| **Narrative** |  |
| Narrative | Describe what happened |

**Contributing Factors – List what you see as the major factors that contributed to this incident in short bulleted lists. Group them into any logical categories that arise.**

|  |
| --- |
|  |