



# SUPPLEMENTARY INCIDENT REPORT

(Use this report if there is insufficient space on the Incident Report Form)

Name of person completing report \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Incident \_\_\_/\_\_\_/\_\_\_

Time of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_

Area (i.e. Bus, Path, Bathroom, Steps) \_\_\_\_\_

Describe fully how the Incident/Accident occurred. Include what occurred just prior to the incident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Root Cause of the Incident/Accident (What caused it to happen, ask the 5 Why's)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photographs of Involved Items / Re -enactment (Number & describe photos)

\_\_\_\_\_  
\_\_\_\_\_

Corrective Actions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**N.B. This Incident Report is to be treated as "CONFIDENTIAL" and is to be submitted with the Incident Report Form.**