

ACTION TAKEN
OUTCOMES (if known)

SECTION C – Follow up / Analysis

Follow up comments:	The type of incident is:
	<input type="checkbox"/> on-going <input type="checkbox"/> one-off
	Have appropriate steps been taken?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No (to either of the above), what needs to be done?	

Print Name: _____

Signed: _____

Reported to (Personnel informed)

Print Name: _____

Signed: _____