

**APPENDIX 9: EMERGENCY INCIDENT REPORT FORM**

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**DETAILS OF INCIDENT**

Date of Incident (YYYY/MM/DD)	Time of Incident	Location of Incident
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Type of Incident:

- Fire
- Natural Disaster
- Medical Emergency
- Safety during a violent or threatening situation (including bomb threat)
- Utility failure

List of individuals included in the incident:

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**EVALUATION**

What Occurred (attach additional page if required):

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Action Taken:

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**NOTIFICATION**

	Yes	No	Date	Time
<input type="checkbox"/> Fire Department	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Police	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Coroner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Family	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

_____ Name of Person Reporting Incident	_____ Position	_____ Signature
_____ Date (YYYY/MM/DD)	_____ Time	