

COVID-19
Incident report form

Date of incident: _____

Time of incident: _____

Location of incident: _____

Brief description of the incident and who was involved.

I am logging this incident as I am aware that under the provisions of Health and Safety legislation I have a responsibility to safeguard my own health and safety and to report any concerns that I have to my employer.

I am also sending a copy of this incident report to my Union, the NASUWT.

Signed* : _____
(*please print name as well as signature)

Date submitted to the Principal : _____

Name of school/college : _____